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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6684 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. ND 6675

o. COUNTY	arroll		MARYL	AND	o. STATE Mary		b. COUNT	Υ -	rol	
b. CITY OR TOWN (If and give negres) lown	c. LENGTH OF STAY IN 1b and give nearest town) Sykesville 5mos,3days:				c. CITY OR TOWN (If outside carporole limits, write RURAL and give nearest town) Westminster					
	AL OR INSTITUTION (IF		rt, give street address)		d. STREET ADDRESS Route	e #1				e. IS RESIDENCE ON A FARM? YES NO TO
3. NAME OF DECEASED (Type or print)	First Rutl	hanna	Margare	t	Bemiller	4. DATE OF DEATH	June	12	Day	Year 19 58
Female	6. COLOR OR RACE White	MARRIED WIDOWED			ctober 15,	1902	9. AGE In years lost birthdoy 55 yrs.	Months [Doys	Hours Min.
oa. USUAL OCCUPATION of working most of working most of working memaker	ON (Give kind of work dig life, even if retired)	ane 10b. KtN	D OF BUSINESS OR IN	NDUSTRI	Maryland		country)		S.A	WHAT COUNTRY
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	ER IN U. S. ARMED FOR (If yes, give war or dates of st		CIAL SECURITY NO.		ormant pringfield	Hospit	Address al Recor			
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(a), stating the cause tast.	(c)	ITIONS CON	RIBUTING TO DEATH		cture, righ			EN IN PART	-	months . WAS AUTOPSY
200. EXTERNAL CAL	onal psycho		7	PL (En	er noture of injusy in Por	t I or Part II	al item 18.)		Y	PERFORMED?
		Unkno		DIACE	OF INJURY (Home, form	205 (6)0	u or town)	(Cou	alul	(State)
Unknoon.	2/4 105	8 White at work	Not white of work	Hos	y, street, office bldg., etc.	Syl	cesville	Carı	roll	
	resulted from: N		_		suicide [],		nspection 2	Inquiry ermined m	- Land	and in my
ACTUAL SIGNATURE	rines I	7	hors	1	ASSISTANT MEDICAL EX					DATE SIGNED
EXAMINER'S NAME (Type)	James T.				DEPUTY MEDICAL	EXAMINER 7	3		5/12	2/58
220 BURIAL EREMATIC REMOVAL (Specify) BUNACO 23 FUNERAL DIRECTOR	6/14/5	8 2	ADDRESS	LS (emetery	D BY REGIST	100	or county) 1. Give STRARYS SIG	oll Natur	Con. Mal
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7 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4	may be recained by the hospital ar attending physicion. TO FUNER PRECTOR: After this certificate has been signed by the attending physicion and completely filled the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 character should be filled with the registrar prior to burial, crematian, or remaval, and in ony event within 72 hours after death.	1
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V	/S A15 (4)	Đ

1. [PLACE OF DEATH			2. USUAL RESIDENCE (V		ed. If institution		
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	 LOW NOTE OF TOWN (I RURAL and give no 	f outside carparate limits, wri carest town)		16 c. CITY OR TOWN (II	outside corporate	limits, write RU	IRAL and give n	earest town)
		ryton	42 days	Rocky	ille	/5	26.20	
	OR INSTITUTION	Henryton Sta		d. STREET ADDRESS Stone	Street,	Lincol	n Park	e. IS RESIDENCE
- 1	NAME OF DECEASED (Type or print)	First James	Middle	Lost Brunner	4. DATE OF DEATH	Month Jun		Day Year 2 19 5
5. 9	SEX	6. COLOR OR RACE 7. N	ARRIED X NEVER MARRIED	B. DATE OF BIRTH	9. /			R IF UNDER 24 H
	Male	Negro WID	OWED DIVORCED	March 4, 19	13	15 yrs.	Months Days	Hours Min
0a	. USUAL OCCUPATIO	ON (Give kind of wark dane king life, even if retired)	10b. KIND OF BUSINESS OR II	NDUSTRY 11. BIRTHPLACE (Stot	te ar fareign count	ועי	12. CITIZEN	OF WHAT COUN
	Labor		Unknown	Leesburg	. Virgin	ia	US	A
3.	FATHER'S NAME			14. MOTHER'S MAIDEN	NAME			
	J	im Brunner		Celia Ni	ckens			
15. IYes	WAS DECEASED EVE	R IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	7. INFORMANT		Addre	165	
	No	or yes, give wor or done or service;	Unknown	James Brunner	- Patie	nt		
	PART I. DEA	TH [Enter only one cause por TH WAS CAUSED BY: IMMEDIATE CAUSE (o).	er line for (o). (b). and (c).] arcinoma of Ph	narymx and Lary	mx	nt		
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CERTIF	TB. CAUSE OF DEA PART I. DEA Conditions, if o gove rise to incouse (o), stating lying cause last. PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJUR Hour a.m. p.m. 21. I certify the dive onU	TH [Enter only one cause por TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO TO	er line for (o). (b). and (c).] arcinoma of Pi ar advanced pu NS_CONTRIBUTING TO DEATH DESCRIBE HOW INJURY OCCU d. INJURY OCCURRED 204 hile Not while work 0 work 0 work 0 eased from April	BUT NOT RELATED TO THE TERM JERRED. (Enter nature of injury in factory, street, office bldg., eath accurred at 10:145 M.D. Henry	MINAL DISEASE CO	of item 18.) town) 19 58 ne causes ar, city or town, s	(County that I last:	19. WAS AUTOF PERFORMED YES NO

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06679Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) b. COUNTY c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) 3 VO /- 4 o. IS RESIDENCE Formerly of 2053 Kennedy Ave. YES NO Month Year 58 June 19 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Days 12. CITIZEN OF WHAT COUNTRY? Warner Address Mr. Edgar C. Cadwallader-4018 Loch Raven Blvd. INTERVAL BETWEEN ONSET AND DEATH 6-8 mos 10 yrs PERFORMED? YES NO T (County) (State) _____, 19____, to 20 June _____, 1958 , that I last saw the deceased and that death occurred at 12:03 AM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED Liberty Road at Eldersburg

(State)

	CERTIFICATE OF DEATH
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246. REGISTRAR'S SIGNATURE

24a. REC'D BY REGISTRAD

DATE

10 VS A15 (4) 15M 10/57

23. FUNERAL DIRECTOR'S SIGNATURE

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سب عدي	D	L	6690 CERTIFIC	CATE OF DEATH Reg. Dist	n. No. 06681
director,	-	1.	PLACE OF DEATH COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE b. COUNTY	e before admission)
	M)	-	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1h	Maryland Ba	Ito Gity:
the funeral			Sy kesville 5mos 23days	Baltimore 03x	2
a the short	15		d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Springfield State Hospital	d. STREET ADDRESS 2836 Cub Hill Road	e. IS RESIDENCE ON A FARM? YES NO
- P		3.	NAME OF First Middle DECEASED TI	Last 4. DATE Month	Doy Yeor
tely filled Pages 1		5	(Type or print) Harry Venton SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	CIAYTON DEATH JUNE B. DATE OF BIRTH P. AGE (In years IF UNDER I	13, 19 58 1 YEAR IF UNDER 24 HRS.
s. P.			Male White WIDOWED DIVORCED		Doys Hours Min.
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ond c	T		tone cutter	Maryland U.	S.A.
	1	//3	FATHER'S NAME UNITED TAMES POTER CYNVIO	14. MOTHER'S MAIDEN NAME	7
physician smove cor hours offi		15	Telek Chill	N Unknown MARGARET INFORMANT Address	Deaver
		{Y	no. or unknown) (If yes, give wor or dofes of service) 213-10-3419	Springfield Hospital Records	
tending please revithin 72		F	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	- Praigitala mospitual necords	INTERVAL BETWEEN
o of the o			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Branchoneumoni	8	Days
by the			5 2 3.3 DUE TO		
ed b		1	gove rise to immediate	tial pulmonary fibrosis	Years
ion. ion. in sign nsit pe			couse (a), stoting the <u>under-lying couse lost.</u> DUE TO (c) Pneumoconiosis		Years.
physicio physicio las been ial-trons	2	CATION	C.B.S. assoc. with senile brain disease	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART WITH PSychotic reaction.	
tending ificate h the bur		CERTIFI	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURE ON CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter noture of injury in Port I or Port II of item 18.)	
this cert r use os		MEDICAL	Hour o. m. While Not while of work of work	actory, street, office bldg., etc.)	ounty) (State)
ospiil ospii			21. I certify that I attended the deceased from Dec. 20,	, 1958, to June 13,, 1958 that I le	ost sow the deceased
R: A toch buri			olive on June 12. , 19 58 , and that deat	th accurred at 1200A M, from the couses and on the	e date stated obave.
RECTO Perior to			ACTUAL Constru del Camp	ADDRESS (Street, city or town, stote) Springfield Hospital	6/13/58
ER retori		-	PHYSICIANUS / Agustin delCampo, M.D.	Sykesville, Maryland	
moy b O FUN Poge			BURIAL CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY	more Gallo	(Sare)
VS A15 (4)	9.	23	FUNERAL DIRECTOR'S SIGNATURE	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGN	VATURE
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PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased		on: Peside	nce belo	re admis	sion)
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b. CITY OR TOWN (If	outside corporate lim	its. write	c. LENGTH OF STAY IN	1 1b	e. CITY OR TOWN (I	If outside corno		ZANY	Dive De	prest tow	n)
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OR INSTITUTION	AL (If not in hospital, s	200			d. STREET ADDRESS						A FARM?
	ield State		ital		_503 N. Mag		St.			1ES [NO [3
NAME OF DECEASED (Type or print)	Fi		Middle		Lost	4. DATE OF DEATH	Mor	th	Do		Yeor
	Bessi				Conner	DEATH	June	1	26		1958
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. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPLACE (Sec	ote or foreign co	ountry)	12. CI	TIZEN C	F WHAT	COUNTRY?
	ing life, even if retired	1)			•• •				-		
None					Unknown				S.	A	
. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
Unknown					Unknown						
WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. IN	FORMANT		Add	ress			
	If yes, give wor or dates of s	service}									
No	-			Sp	ringfield St	tate Ho	spital,	Sykes			
			ne for (0), (b), and (c).]						ON	ERVAL BE	DEATH
PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	Hy	pertensive a	arte	erioscleroti	le hear	t disease	3		Year	
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PART II. OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEAT	H BUT I	NOT RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(o) 1	9. WAS	AUTOPSY
Ohmanda	hands ass	3	due to some	274.						_	NO DO
20g. ACCIDENT WA			due to sen		(Enter noture of injury	- P Las Past	III of Steen 10 1			11.3	NO ES
OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	200. 013	CRIBE HOW INJURY OCC	UKKEU	. (Enter noture of injury	in ron i or ron	in or nem rb.)				
(IF EITHER, NOTIFY	MEDICAL EXAMINER)										
20c. TIME OF INJURY	Month, Doy, Ye	or 20d. It	NJURY OCCURRED 2		CE OF INJURY (Home, fo		or town)	1	(County)		(State)
Hour o.m.	19	While of world	Not while	foci	ory, street, office bldg.,	elc.)					
p. m.		01 401	14		***	1/0/	24				
21. I certify the	at I attended the				, 19 <u>58</u> , to						deceased
alive on 6/	26	198	and that d	leath	occurred at 1 : 05	P M. from	n the causes o	and an	the da	te stat	ed above
	-	_1	1'1	1			reet, city or town,				ATE SIGNED
ACTUAL /	mulm	110	V Genedo	Lea	Spr		d State		tel	1	5/26/5
SIGNATURE 1	7000000	C. C.	100000	G' N	4.D.		2 30206	-00 D T			1 2010
PHYSICIAN'S											
NAME (Type)	gustin del	Campo	M.D.		Syke	esville	, Maryla	nd			
BURIAL, CREMATION			22c NAME OF CEMET	ERY-OR	-CREMATCIRY	22d. LOCAT	ION (City, town,	or county)		(Stot	(e)
REMOVAL (Specify)	6.27:5	E-	Ve Da I.	1.0	0 [] 0	R	010	1.4	.1	(5.01	-1
CUNEDAL DIRECTORY		9	ADDRESS	7/	Jens 2	-	unn	, VU	-	1	
. FUNERAL DIRECTOR'S	SIGNATURE		AUGKE 55		24g. RE	C'D BY REGIST	RAR 24b REGI	STRAR'S ST	GNATU	RE	

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FOR STATE HEALTH DEPT TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNER DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Statement of Health, an its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. M

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6692 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06683

Female White WIDOWED DIVORCED July 18, 1888 Mainth Doy Hours Min. Doy Hours Min. Doy White Doy Manthal Doy Doy Manthal Doy	00)34					Reg. Dis	t. No.	
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DAME OF First	Sykesville d. NAME OF HOSPITAL OR IN	NSTITUTION (If not in I	28yrs 6mos 20d	d. STREET ADDRESS	ore	3	VOI-	e. 15	S RESIDENCE ON A FARM?
December				5500		/e•		YES	□ NO K
Description	(Type or print)	Mary	C.	Croslin	OF				
Maryland U.S.A.		75 9 3	The second secon			logt hirthday)		-	
John H. Hoffman Rachel Barnes 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Springfield Hospital Records 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), and (q).] PART I. DEATH WAS CAUSED BY: PART I. DEATH WAS CAUSED BY: Go. J. IMMEDIATE CAUSE (e) DUE TO Candition, if any, which gover rise to immediate couse (e), etoling the underlying cours last. (e), etoling the underlying course last. FART II. QTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e) 17. WAS AUTOPSY PERFORMED YES NO DEATH SUTPLY IN PART I (e) 18. CAUSE (v) a paranolal type. 20c. EXTERNAL CAUSE WAS Pattent fell when getting up from chair. 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (Enter noture of injury in Part I or Fart II of item 18.) Pattent fell when getting up from chair. 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (Enter noture of injury in Part I or Fart II of item 18.) Pattent fell when getting up from chair. 21. I certify that I tack charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death restrict from: Natural causes Inches Industry Medical Examiner Inquiry Industry Indu	10a. USUAL OCCUPATION (Give during may of warking life, ev SOLICITOR	kind of work done 10b en if retired)	KIND OF BUSINESS OR INDUS			ilry)			AT COUNTRY
Springfield Hospital Records Springfield Hospital Records Springfield Hospital Records Springfield Hospital Records	John H. Hoffn	nan							AL.
PART I. DEATH WAS CAUSED BY: 9 0 2.7 DUE TO Conditions, if ony, which gove rise to immediate couse (e), toting the underlying course lost. Conditions, if ony, which gove rise to immediate couse (e), toting the underlying course lost. Schizophrenic, paranold type. DUE TO CONTRIBUTIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19, WAS AUTOPSY PERFORMED? YES NO DEPUTY MEDICAL EXAMINER STAND OR ALL AUSE OF DEATH. 20c. EXTERNAL CAUSE WAS PRIMARY DOT CONTRIBUTIONS DOT CONTRIBUTIONS DATE STORMS OF DEATH. 20c. EXTERNAL CAUSE WAS PRIMARY DOT CONTRIBUTIONS DATE STORMS OF DEATH. 20c. EXTERNAL CAUSE WAS PRIMARY DOT CONTRIBUTIONS DATE STORMS DATE	IYes no exuninowe) 1 III yes air		6. SOCIAL SECURITY NO. 17. 1		Hospita:		ds		
SCRIZOPHTENIC, paranold type. Scrizophtenic, paranold type. Performed?	PART I. DEATH WAS ON IMMEDIA O 2.7 Conditions, if any, white gave rise to immediate courting the underlying course last.	CAUSED BY: ATE CAUSE (a) DUE TO (b) Line (c) (c)	ronchopneumonia ntertrochanteri					Day	veeks
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21. I certify that I taak charge af the remains described above, held an Autopsy, Inspection, Inquiry, and in my opinion death resolved fram: Natural causes, Accident, Suicide, Hamicide, Undetermined manner		Patie	nt fell when ge	etting up fro	m chair.				
21. 1 certify that I taak charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my opinion death restricted fram: Natural causes, Accident, Suicide, Hamicide, Undetermined manner ACTUAL			thile Not while for work at work HC	lory, street, office bidg., etc	.)		-		
SIGNATURE ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 6/24/58 DEPUTY MEDICAL EXAMINER 720. BURIAL, CREMATION. 72b. DATE THEREOF 72c. NAME OF CEMETERY OR CREMATORY 72d. LOCATION (City, Iown, or county) 72d. LOCATION (City, Iown,					-	hand'			and in my
EXAMINEME (Type) Name (Type) Name (Type) DEPUTY MEDICAL EXAMINER O/21/58 220. BURIAL, CREMATION. 27b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 27d. LOCATION (City, town, or county) (Stole) BURIAL BURIAL BURIAL BURIAL		mes I	. Mrss	E.M.D.	Lane of the lane o			DAT	E SIGNED
BURIAL 6-25-58 Loudon Park Cemetery Baltimore	NAME (Type)			DEPUTY MEDICAL	EXAMINER			6/2.	4/58
ADDRESS	REMOVAL (Specify)		Loudon Park				or county)	(5	late)
William Cook. Inc. 1217 St. Paul Street ADDRESS 246. REC'D BY REGISTRAR'S SIGNATURE PATHUN 2 6 '58	23. FUNERAL DIRECTOR'S SIGNA		ADDRESS				TRAR'S SIGN	TURE	

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH BALTIMORE, OF THE WARDLE OF DEATH.

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the funeral directar, should be filed with

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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CERTIFICATE OF DEA 6693

н	Ή	Dist	
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1. PLACE OF DEATH COUNTY Carroll			MARYL	AND	2. USUAL RESII o. STATE	pence (who	ere deceased	lived. If institution b. COUNTY	city	ce befare ad	mission)
b. CITY OR TOWN (RURAL and give n	tf autside carparate limi	ts, write	c. LENGTH OF STAY II	V 16	c. CITY OR 1	TOWN (If a	utside corpor	ate limits, write R	URAL and g	give nearest	tawn)
Sykesville			6 m 30 da	ys	Balti		2, Md	•	3 V	21-4	
OR INSTITUTION	TAL (If not in haspital, g ld State Ho				d. STREET A		ton St	reet		0	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	Jerome	rst	Middle Garfiel	đ	Danek		4. DATE OF DEATH	Mon 6		Day 21	Year 19 58
5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIEL	K	B. DATE OF BIRT	Н	1	P. AGE (In years lost birthday)	7		NDER 24 HRS.
Male	White	WIDOW	ED DIVORCED		XXXXXXX 7	/23/1	886	71 yrs.	Months	Days Ho	urs Min.
100. USUAL OCCUPATION during most of wor Advertisin	king life, even if retired	1	KIND OF BUSINESS OR	INDUS				untry) timore		U.S.A.	HAT COUNTRY
	H.				14. MOTHER'S	MAIDEN N	AME				Maria de
William	Daneker				(DAME)	THEORY	Vervent	Carri	e Eve	erett	
15. WAS DECEASED EVE	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. 11	NFORMANT			Add	ress		
yes	(ir yes, give war or doing or s	ervices	XXXXXX None	S	oringfie	ld Hos	spital	Records			
- 1227 - 1247 -	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	Car	ne for (o), (b), and (c).] cinoma of l	ung	metast	atic				INTERVA ONSET A MON	L BETWEEN IND DEATH ths
Canditians, if a gave rise to i couse (a), stating	mmediate (Unl:	isted tumor	of	Kidney					mon	ths
A	HER SIGNIFICANT CON AS UNDERLYING G G CAUSE OF DEATH MEDICAL EXAMINER)	PITONS!	CRIBE HOW INJURY OC						*APALTS		AS AUTOPSY ERFORMED?
	RY Month, Day, Ye	While	NJURY OCCURRED Not white k ot work	20e. PL/ foc	ACE OF INJURY (story, street, office	Home, form, e bldg., etc.	20f. (City	ar town)	(0	County)	(State)
21. I certify the alive on	hat I attended the 6-20-	Lu Lu	58, and that		M.D.	ingfi	address (Street Street	/ //	and on the		the decease tated above DATE SIGNE 6-21-
220. BURIAL, CREMATIC	ON, 226. DATE THEREC		22c. NAME OF CEME	TERY O				ON (City, town,	or county)		(State)
Burial (Specify	6/24/58		Druid Rid					sville.			
23. FUNERAL DIRECTOR		VJ.	ADDRESS Bally -	17	me.	1	N ZEGIST		STRAR'S SIG		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERA RECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 sky, and be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 at the registrar priar to burial, cremation, ar remaval, and in any event within 72 hours after dearth. VS A15 (4) 15M 10/57



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VS A1S (4) 1SM 10/S7

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6694

CERTIFICATE OF DEATH

06685

			<u> </u>					Reg. Dist.	No.	
1. PLACE OF DEATH a. COUNTY	3 3 5		MARYLAND	2.	USUAL RESIDENCE (Who, STATE	ere deceased	lived. If institution b. COUNTY			
	Carroll				Mary	2 2122 23			o.City	
b. CITY OR TOWN (RURAL and give n	If outside carporate fim earest town)	its, write	c. LENGTH OF STAY IN 16		c. CITY OR TOWN (If o	utside corpor	ate limits, write R	URAL and giv	re nearest taw	vn)
Sykesvil			2mos.2ldays		Balti	Lmore		3 VO1	- 4	. 1
d. NAME OF HOSPI	TAL (If not in haspital,	give street	address)		d. STREET ADDRESS				e. IS RE	SIDENCE A FARM?
Springfie	eld State H	ospi	tal		2621 Mary	rland .	Ave.			NO
3. NAME OF DECEASED (Type or print)	W illi	est am	Middle Harrison	DA	Lost RNELL	4. DATE OF DEATH	June	17	Day	Year 19 58
S. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	B. DA	TE OF BIRTH		9. AGE (In years	IF UNDER 1	YEAR IF UND	
Male	White	WIDOW	ED PO DIVORCED	M	ay 6, 1872		last birthdoy)	Manths D	Pays Haurs	Min.
10a. USUAL OCCUPATIO	ON (Give kind of work	dane 10b.	KIND OF BUSINESS OR IND			or foreign co		12. CITIZ	EN OF WHA	T COUNTRY
during most of wor	ing life, even if retired - Carpente	7			Unknown			11	S.A.	
13. FATHER'S NAME	our pondo	-		14	. MOTHER'S MAIDEN N	AME			•0•n•	
Glick I	Tramel			1.	Louisa Bar		Tion			
IS. WAS DECEASED EVE		cesa II	SOCIAL SECURITY NO. 17.	INFOR		e Dat				
(Yes. no or unknown)	(If yes, give wor or dates of i				ingfield Ho	ospita	1 Record			
18. CAUSE OF DEA	ATH [Enter anly one co	ouse per li	ne for (a), (b), and (c).]						INTERVAL B	ETWEEN
PART I. DEA	TH WAS CAUSED BY:	Bro	nchopneumonia						days	DEATH
491X n	ot DUE TO									
Canditions, if a	au which \	Art	eriosclerotic	He	art disease				year:	3
gave rise to i	mmediate (
lying couse last.	the under-	Gor	eralized arte	rio	sclerosis.				year	5
PART II. OTI	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH BU	T NOT	RELATED TO THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART	(a) 19. WAS	AUTOPSY
C.B.S. a	assoc.with	senil	le brain disea	se	with psycho	otic r	eaction.		PERF	ORMED?
PART II. OTI C.B.S. &	AS LINDERLYING [7]	20b. DES	CRIBE HOW INJURY OCCURR	ED /Fe	ter nature of injury in F	art 1 or Part	Il of item 18 1		163	1 40 []
OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	200. 220	amor riori indoni occoni	. (1.	ner motore or injury in .					
	Y Manth, Day, Ye	204 11	NJURY OCCURRED 20e. F	LACE /	OF INJURY (Hame, form,	Tone to				
20c. TIME OF INJUR		While	Not while f	actory.	street, affice bldg., etc.) 201. (City	or lown)	(Co	unty)	(Stote)
	19	of war								
21. I certify th	nat I attended the	deceas	ed from March 26	9	, 1958 , to Jur	ne 17,	1958	"that I la	st saw the	decease
alive an Jun	ie 17,	19_5	8 , and that deat	h acc	urred at 1:00F	M. from	the causes of	nd on the	date stat	ed above
	-	Л	10 1				eet, city or town,			ATE SIGNE
SIGNATURE &	nichm	de	1 Campo	740	Springfie	eld St	ate Hosp	ital	6/1	7/58
SIGNATURE		-	7	JM.U.						
PHYSICIAN'S NAME (Type)	Agustin de	1Cam	00. M.D.		Sykesvill	Le. Ma:	rvland			
220. PORIAL, CREMATIC	#		225. NAME OF CEMETERY	OR CR					7	
MOYAL (Specify)	1 10/0 / 25	8	MT/10W	A OF E	2/1/	1/100	ON'(City, town, o	or county	A , (Sto	ote)
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23. FUNERAL DIRECTOR	SSIGNATURE	10	ADDRESS TO	75	2 /	JUL 7	158 24b. PEGIS	TRARYS SIGN	ATURE	
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VS A15 (4) 15M 9/55

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	66	96	CERTI	FICA	TE OF DEAT	Н		Reg. Dir	~	66	87
1. PLACE OF DEATH o. COUNTY	Carroll		MARY	LAND	2. USUAL RESIDENCE (Vo. STATE Mary)		d lived. If instituti b. COUNTY		ce before		ion)
RURAL ond give	lle (Rura	1)		14 d	c. CITY OR TOWN (II		orate limits, write R	VO /-	give rear	est town)
OR INSTITUTION	PITAL (If not in hospital, g N Held State 1				d. STREET ADDRESS 1219 Tenr	ant Wa	y				DENCE FARM? NO
3. NAME OF DECEASED (Type or print)	Aman	da	Middle Viol	a	Elswick	4. DATE OF DEATH	Mor Ju		Day 8		rear 19 58
s. sex Female	White	WIDOWE		0 🗆	B. DATE OF BIRTH October 22.	1872	9. AGE (In years last birthday) 85 yrs.	IF UNDER Months		Hours	R 24 HRS Min.
10a. USUAL OCCUPA during most of w House 13. FATHER'S NAME	TION (Give kind of work or orking life, even if retired wife	done 10b.	KIND OF BUSINESS C	OR INDUS	TRY 11. BIRTHPLACE (SIO West Vi 14. MOTHER'S MAIDEN	rginia	country)	12. CIT	IZEN OF	S.A.	
	yson Atkins VER IN U. S. ARMED FOR (If yes, give wor or dotes of s	ervice)	SOCIAL SECURITY NO		NFORMANT pringfield S	Sara tate H	? Add		s		
Conditions, if gove rise to couse (a), stolin lying cause los	g the under-	B	ronchopneu	moni	a eriosclerosi	8			ONSE	val Ber T AND ays	DEATH
OF CONTRIBUTING (IF EITHER, NOTIFIED	nic brain s	yndro	me associa h senile h	ted	NOT RELATED TO THE TER. with disturb disease, wi O. (Enter nature of injury in	th nev	f metabol	lism.		PERFO	NO T
20c. TIME OF INJ Hour o. 9 p. m	1.	While	Not while at work		CE OF INJURY (Home, fa tary, street, office bldg., e		y or town)	(0	County)		(Stote
	that I attended the Tune 8,	decease 125			, 1957 , to accurred at 6:50	P.M. frai	m the causes of treet, city or town,	and an th	last sav	state	deceased above
PHYSICIAN'S NAME (Type)	RITA S.	GLI	HV	^	SRINGF	iel	STATE	H 0.)P.	М	ol.;
220. BURIAL, CREMAT	10N. 226. DATE THERECO		22c. NAME OF CEM Laurel	-			TION (City, town, e Co., W		/irg	(Stote	
23. FUNERAL DIRECTO	cook, Inc.,	1217	ADDRESS 7 St.Paul	Sre	no+	C'D BY REGIS		STRAR'S SIC	CNATURE		

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ALICENSIS		A CONTROL OF SERVICE						
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FOR STATE

is necessary, pleose that director. Page for your files. DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay execute the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the fune 4 should forworded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained by Puner, DIRECTOR: Page 3 should be used as a buriol-tronsit permit. File pages 1 and 2 with the Stoom its designated agent, priar to buriol, cremation, at removal, and in any eyent within 72 hours after death I

TO DEPUTY 4 should TO FUNER

VS. ATSME 5M 2/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06688

669 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

	PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)						
		Carroll Maryland Maryland Allegany									
	b. CITY OR TOWN (If a and give nearest town)	utside corporate limits, wri	te RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	RURAL and g	ive nearest town)				
/	Sykesvi	lle		3mos.17days	Cumberland 0/02.2						
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS								e. IS RESIDENCE ON A FARM?		
	Springfield State Hospital 217 Central Ave.								YES NO DO		
3.	NAME OF DECEASED	Fi		Middle	Lost	4. DATE	Month		Day Year		
	(Type or print)	Minn	ie Vi	ola Dorsey H	RESHOUR	DEATH	June	1,	3, 19 58		
5.	SEX		7. MARRIE	D NEVER MARRIED			9. AGE (In years lost birthday)	IF UNDER 14			
	Female	White	WIDOWED	DIVORCED [December 23,	1881	76 yrs.	Months Do	ys Hours Min.		
100	. USUAL OCCUPATION	(Give kind of work	done 10b. K	IND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Slote	or foreign co	untry)		N OF WHAT COUNTRY?		
1	Housewife			•	West Vir	ginia		1	J.S.A.		
13	FATHER'S NAME		1,47		14. MOTHER'S MAIDEN N	NAME					
	John B. Do	rsey			Helen Sn	yder					
15	WAS DECEASED EVEL	R IN U. S. ARMED FO		SOCIAL SECURITY NO. 17. 1	NFORMANT		Address				
1	No	-		- 5	pringfield H	ospita	1 Record	5			
	18. CAUSE OF DEATH	Enter only one co	use per line f	for (o), (b), and (c).]					INTERVAL BETWEEN		
		WAS CAUSED BY:	, B	ronchopneumon	a. bilateral				Davs		
	902.7	DUE TO							6 weeks		
	Conditions, if on	y, which) (b	F	racture, right	femur						
	gave rise to immedi (a), stating the un	ofe couse									
	cause last.	(c									
8	C RPART II. OTHE	R SIGNIFICANT CON	IDITIONS CO	NTRIBUTING TO DEATH BUT I	OT RELATED TO THE TERM	NAL DISEASE	CONDITION GIV	EN IN PART 1	(o) 19. WAS AUTOPSY		
18	4914	C.WION CE	rentar	ar cer Toscier.	pra arou bal	CHOULC	reaction	ii.	YES NO		
CERTIFICATION	20g. EXTERNAL CAUS	SE WAS	Ob. DESCRIBE	HOW INJURY OCCURRED.	nter nature of injury in For	t I or Part II a	of item 18.)				
	CAUSE OF DEATH.	IKIBUTING L	Slippe	d & fell while	e attempting	to get	off com	mode.			
3	20c. TIME OF INJURY	Month, Day, Ye		NJURY OCCURRED 20e. PLA	CE OF INJURY (Home, form	20f. (City	or tawn)	(Count)	(Stote)		
MEDICAL	11:25	lay 2, 19	58 While		ory, street, office bldg., etc.		sville	Carro	11 Md.		
	21. I certify the	ot I took charge		empins described obc	ve, held on Autops	y K I. In:	spection DC	Inquiry:	, ond in my		
		1		ouses . Accident	_				Toronto /		
			01		٠, ٠, ٠, ٠, ٠, ٠, ٠, ٠, ٠, ٠, ٠, ٠, ٠, ٠						
	ACTUAL SIGNATURE	fames .	1.	Misse	CHIEF MEDICAL EX	CAMINER []			DATE SIGNED		
	//				ASSISTANT MEDIC	AL EXAMINER	О				
	EXAMINER'S NAME (Type)	James T.	Marsh,	M. D.	DEPUTY MEDICAL	EXAMINER EX			6/13/58		
220	BURIAL CREMATION	1. 226. DATE THERE	OF / - 01	22c. NAME OF CEMETERY OR	CREMATORY	22d LOCATI	ON (City, lown, o	r county)	(Slate) , /		
	DURIAL	6,115	158	BETHELL	H. CM.	BERKI	CLEY Sh	RINGS	W. VA		
23.	PONERA DIRECTOR'S	SIGNATURE .	Of	ADDRESS	14 A 240. REC"	D BY REGISTR	AR 24b. REGIS	TRAR'S SIGN	ATURE		
X	when K.	Hays	El, S	YKESVILLE	POP DATE I	IIN 1 7 '0	58 0.	1	- 0		
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DICAL EXAMINER & CHILIFORTE OF DEATH phonon in the state of the stat SHIPPERSON AND SHIPPERSON OF THE SHIPPERSON OF T muse's limit and bring The state of the s refraction 2 m core of guidants of office that a broad to the Of the latest City and the latest the Claricon and an end CONTRACTOR BETHELLY COM BENELEY STRING IN SH Value & Friend Sylvallace 10 man

TO HOSPITAL

VS A15 (4) 15M 10/57

the registrar

Reg. Dist. No. 06689

1. PLACE O	Carroll		MARYLAN		usual residence (woo. STATE Mar	here decease	ed lived. If institut b. COUNTY		ce before c				
RURAL	OR TOWN (If outside corpor ond give nearest town)	ote limits, write	lb	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3 V = /									
d. NAME OR IN Sp.	OF HOSPITAL (If not in hos STUTUTION ringfield Sta	spital, give stree te Hosp	iddress)		d. STREET ADDRESS 312 N. Paca St. 9. IS RESIDENCE ON A FARM? YES \(\) NO A								
3. NAME O DECEASE (Type ar	D	Harry	S. XSMXXXX	FT	ULTON Lost	4. DATE OF DEATH	Jur		6,	Yeor 19 58			
5. SEX Ma			RRIED NEVER MARRIED AVED DIVORCED		March 29,	1869	9. AGE (In years last birthday) 89 yrs.	Months		UNDER 24 HRS laurs Min.			
during	OCCUPATION (Give kind o most of working life, even if terer	f work done retired)	. KIND OF BUSINESS OR IN	IDUSTRY	11. BIRTHPLACE (Store		cauntry)		S.A.	WHAT COUNT			
James	s Fulton			14	Mother's Maiden Ratheri		ter		113				
1S. WAS DE (Yes. no. or unl			220-22-2843	7. INFO	MANT Springfiel	ld Hos		ords					
Condi gave couse (lying o	itions, if ony, which rise to immediate (a), stoting the <u>under-</u> couse lost.	ED BY: AUSE (o) DUE TO (b) DUE TO (c)	rteriosclerot						Ve s				
C.B. 20a. AC OR CON (IF EITH	S.assoc.with	senile	contributing to DEATH	BUT NOT	ith psychot	tic re	se condition GI	VEN IN PAR	F	WAS AUTOPSY PERFORMED? ES NO			
	CIDENT WAS UNDERLYING NTRIBUTING CAUSE OF I ER, NOTIFY MEDICAL EXAM	DEATH NINER)	SCRIBE HOW INJURY OCCU										
	E OF INJURY Month, Do our a.m. p.m.	White	Not while	factory,	OF INJURY (Home, farr street, office bldg., et	c.)		(0	County)	(State			
	URE Edmi	of I	10		Springfie Sykesvill	ADDRESS (S	m the couses Street, city or town, ate Hosp	and an tl	he dote	the deceas stoted abo DATE SIGN 5/6/58			
220. BURIAL	CREMATION, 22b. DATE	THEREOF	22c. NAME OF CEMETER			1 _	ATION (City, town, Ltimore,		and	(Stote)			
23. FUNERAL	DIRECTOR'S SIGNATURE	en to	ADDRESS 2	nd		D BY REGIS	TRAR 245. REG	STRAR'S SIC	BALLA				

HTHEOTO STADISHED PERMIT - w The second secon 4 4 4 The tree of contract in the the control of the co to be a series of the series o Section 1 March 10 programmers and with March 2 performance of the first transfer of the first of the section of the first

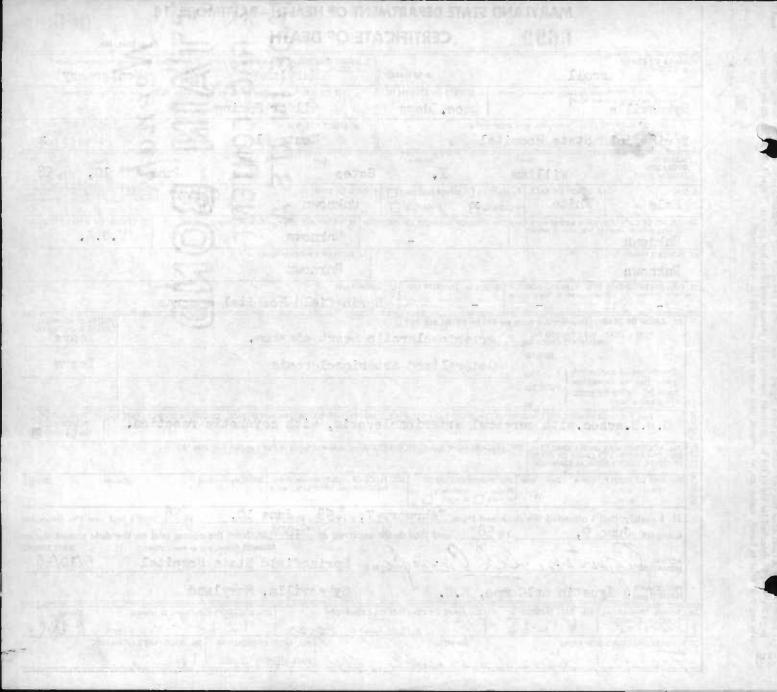
h			6699		CERT	IFIC/	ATE OF DEAT	Н		Reg. D	ist. No.		
,	1, 1	COUNTY CE	rroll		MAR	YLAND	2. USUAL RESIDENCE (W o. STATE Maryl		b. COUNTY		nce before		
)	200	CITY OR TOWN (I RURAL ond give no ykesville	If outside corporate limit earest town)	ts, write	LINGTH OF STATE		c. CITY OR TOWN (IF Silve	outside corpo r Spri			give neo		n)
5		OP INISTITUTION	TAL (If not in hospital, g Ld State Hos				d. STREET ADDRESS Route	#1				e. IS RES	A FAF
		NAME OF DECEASED Type or print)	Willia		Middl I.	•	Gates Lost	4. DATE OF DEATH	Ju		10	1	Yeor
	5. 5	Male	White	WIDOW		ED 🗍	B. DATE OF BIRTH Unknown		9. AGE (In years last birthday) 74 yrs.	Months	Days	Hours	1
7		Unknown	ON (Give kind of work of king life, even if retired)	done 10b.	KIND OF BUSINESS	OR INDU	STRY 11. BIRTHPLACE (S1016 Unknown		ountry)		U.S.		CO
_		Unknown					Unknown	NAME			Z.		
	15. Yes		R IN U. S. ARMED FOR- (If yes, give wor or dates of se		SOCIAL SECURITY NO		NFORMANT Springfield H	ospita	1 Record				
			ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	A		•	c heart dise	ase.			INTE	RVAL BE Year	DE/
		Canditions, if o gove rise to i couse (o), stoting	mmediate (G	eneralize	d art	ceriosclerosi	s				Year	rs
0	CATION	C.B.S.as	HER SIGNIFICANT CON		CONTRIBUTING TO DI	ATH BUT	NOT RELATED TO THE TERM	INAL DISEAS PSYCHO	ECONDITION GIV	tion.	RT 1(o) 1	9. WAS PERFO YES	DRME
	CERTIF	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY (OCCURRE	D. (Enter nature of injury in	Part I or Por	t II of item 18.)				
	MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yea	While	NJURY OCCURRED Not while	20e. PL	ACE OF INJURY (Home, forr ctory, street, office bldg., etc	n, 20f. (City	or lawn)		(County)		(
		21. I certify the alive an Juractual SIGNATURE	nat I attended the ne 9,	decease , 19 5	ed from Febr 8 , and tha	death	7, 1958, to Ju accurred at 6:00	A M, fran	n the causes of reet, city or town,	and an (stote)	last so	e stat	ed d
1		PHYSICIAN'S NAME (Type)	Agustin del	Campo	, M.D.		Sykesvill	e, Mar	yland				
	220	TEMOVAL (Specify)	N, 22b. DATE THEREO	1	22c. NAME OF CEA	nale	MCREMATORY MAN BORNS	22d. 10CA	S all	or county)	×	(Stot	K
B	23.	FUNERAL DIRECTOR	SSIGNATURE	011	ADORESS	11	///	D BY REGIST		STRAR'S SI	GNATU	E	9

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06690

Reg. Dist. No.

AY IN 1b		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)											
ays		Silver Spring 1556.2											
4,550		d. STREET A		e. IS RESIDENCE ON A FARM? YES NO									
dle	Ga	tes	st	4. DATE Month OF June				_	10, Yeor				
RRIED	13 San Months last birthday) Months									DER 24 HR	5		
									ZEN OF WHAT COUNTRY?				
No.	14.		MAIDEN NA	AME									
	Spr		eld Ho	spita	al Reco	Addre							
(c).] Lerot:	le l	heart	disea	se.				INT	ERVAL E	ETWEEN D DEATH TS			
ed ar	ter	ioscl	erosis						Yea	rs			
					tic rea		LON.	T 1(o)	PERF YES	AUTOPSI ORMED?	3		
OCCURRE	D. (En	ter nature o	of injury in Po	art I or Poi	t II of item 18.)								
20e. Pi fo	ACE C	F INJURY (street, office	Home, form, e bldg., etc.)	20f. (Cit	y of lawn)		(1	County)		(State	e)		
				M, fra	m the cause	es ar	nd an t	last so	ite sta	deceased abo	ve.		
rpo	M.D.	Spri			ate Hos				6/1	- 1-10			
7			sville	, Mai	ryland								
emetery o	RICRE	Boa	24a. REC'D	ι.	S O LAND	4	COUNTY) RAR'S SIG	CNATII	IS10	"tol			
ille	1	ul.	DATE JU		58 6	٤٤	Cer	ich	7		-		



VS. A15ME 5M 2/57

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H	F	O	R	S1 H	A	TE	T.
dy is necessary	ges 1, 2, and 3 to the funeral director. Page	M3. Page 5 may be retained for your files.	ges I and 2 with the Sto. Board of Health,	within 72 hours ofter death.	M	100) 8

6700 MEDICAL EXAMINER'S CERTIFICATE OF DEATH MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06691 Reg. Dist. No.

1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceosed lived. If institution: Res	idence before admission)
L CITY OR TOWN	Carroll	MARYLAND	Virginia	
and give nearest town)	outside corporate limits, write RURA	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporale limits, write RURAL	and give nearest lown)
	estminster	days	Norfolk 3	X - 3
d. NAME OF HOSPITA	AL OR INSTITUTION (If not	in hospital, give street address)	1405 Sunset Drive	e. IS RESIDENCE ON A FARM? YES NO I
3. NAME OF DECEASED (Type or print)	VIVIAN	MARIE (SAHAM Month OF DEATH June	Doy Year 25 195 8
5. SEX	6. COLOR OR RACE 7. A	MARRIED NEVER MARRIED	8. DATE OF BIRTH F. AGE (In years IF UND	ER TYEAR IF UNDER 24 HRS.
female	MATTE	DOWED DIVORCED	Dec. 21, 1954 3 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATIO	N (Give kind of work done of life, even if retired)	106. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or foreign country) 12. C	ITIZEN OF WHAT COUNTRY?
none			Rhode Island	U.S.
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME	
Re	oger L. Gr	aham	Genevive Ellul	
	R IN U. S. ARMED FORCES!		INFORMANT Address	
no	(1) /11/ (1) 10 10 10 10 10 10 10 10 10 10 10 10 10	N	Ars. Genevive Graham, Sam	e
18. CAUSE OF DEAT	TH [Enter only one cause pe	er line far (o), (b), and (c).		INTERVAL BETWEEN ONSET AND DEATH
PART I, DEAT	H WAS CAUSED BY:	-	TO DEATH	ONSET AND DEATH
0	IMMEDIATE CAUSE (a)	BURNED	1 e IJEH I H	1 min
7/6.1	DUE TO	(2) n		
Conditions, if or		Darn y	cra	
gove rise to immed (a), stating the				
cause last.	(c)			
PART II, OTH		INS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P	ART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO P
PART II, OTH	JSE WAS 206. DE	escribe HOW INJURY OCCURRED. I	Enter nature of injury in Port I or Port II of item 18.)	and inte
3 20c. TIME OF INJUR	Y Month, Doy, Year	TOTAL INITION OCCUPRED 120- DIA	ACT OF INTURY (Many form 1000 IC)	1
U 1 40c. TIME OF HAJOR				county) (Stole)
Q //43	-116 -4	While Not while	fory, street, offige bldg., etc.)	County) ((Stole)
	6/25 1058	at work at work	ory, street, office bldg., etc.) (Charlingery)	Carrie Mil
21. I certify th	4/25 19 5 Trad I fook charge of	the remains described abo	ove, held an Autapsy . Inspection . Inqu	Carrolle My
21. I certify th	4/25 19 5 Trad I fook charge of	at work at work	ove, held an Autapsy , Inspection , Inqui	Carrolle Mil
21. I certify th	4/25 19 5 Trad I fook charge of	the remains described abo	ove, held an Autapsy . Inspection . Inqu	Carrolle Mil
21. I certify the apinian death ACTUAL	4/25 19 5 Trad I fook charge of	the remains described abo	over, held an Autapsy , Inspection , Inquire. Suicide , Hamicide , Undetermined	Carrales My
21. I certify the apinian death apinian death actual signature Examiner's NAME (Type)	Le/25 19 57 nat I took charge of resulted from: Natu Telles 9 Jam 7-5 N, 122b. DATE THEREOF	the remains described abo	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEP	DATE SIGNED
21. I certify the apinian death apinian death actual signature Examiner's NAME (Type) 220. BURIAL, CREMATIO REMOVAL (Specify)	Telles 9 JAMES N. 122b. DATE THEREOF	the remains described about a causes . Accident MAA'S 22c. NAME OF CEMETERY OF	M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY D	DATE SIGNED (Slore)
21. I certify the apinian death apinian death signature EXAMINE'S NAME (Type) 220. BURIAL, CREMATIO REMOVAL (Specify) BURTAL	resulted from: Natural States of Teller of Tel	the remains described about a causes . Accident MAA'S 22c. NAME OF CEMETERY OF	ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER COUNTY MEDICAL EXAMINER	DATE SIGNED (Slote)
21. I certify the apinian death apinian death signature EXAMINEE'S NAME (Type) 220. BURIAL, CREMATIO REMOVAL (Specify) BURIAL, CREMATIO REMOVAL (Specify) BURIAL.	Le/25 19 5 Vant I fook charge of resulted from: Nature State of St	the remains described about a causes . Accident . MAS. MAS. 22c. NAME OF CEMETERY OF . St. James	M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY D	DATE SIGNED (Slote)

6700 MEDICAL EXAMINER'S CERTIFICATE OF DEATH The the state of the latest the second

	6701		CEKI	IFICA	HE OF L	JEAIF			Reg. D	ist. No		
	Carroll		MAI	RYLAND	o. STATE	DENCE (WA	-1111	l lived. If institution b. COUNTY	on: Reside	once befo	ore admiss	sion)
KUKAL ond give no	f outside corporate lim earest town)	ts, write	c. LENGTH OF STA	Y IN 1b				rote limits, write R		arest low	n)	
Sykesv	A1 (1)		4 wks		d. STREET A		Sykes	ATTIE				1
OR INSTITUTION	Pullen Nu	rsin	g Home		1		sbur	g				FARM?
3. NAME OF DECEASED (Type or print)	ELSIE		Midd LIZABETH		RIMES	1	4. DATE OF DEATH	Mon	ne Ne	10		Yeor 1958
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARI	RIED E	B. DATE OF BIRT	Н		9. AGE (In years				ER 24 HRS.
female	white	WIDOW	ED DIVORO	CED [6-28-1	884		Jost birthday) yrs.	Months	Days	Hours	Min.
10a. USUAL OCCUPATION during most of work	ting life, even if refired	done 10b.			-			ontry)	12. C		F WHAT	COUNTR
nouses	wile		own home	3	14. MOTHER'S	yland				0.	D.	
19. TATTIER 3 TAME	Abner H	anni	gon		Lau		No:	hoown				
TE WAS DESEASED SUE				- h		100	• 110.					
15. WAS DECEASED EVE (Yes. no. or unknown) NO	(If yes, give wor or dates of s	ervice)	none		iformant ymaond	A. 0	Frime	s, Syke		Lle,	Md.	
PART I. DEA 4.20.1 Conditions, if a gove rise to it couse (o), stoting lying couse lost.	the under-	7	ailiuri,	an	Emin,	m	, Co utter	rdier le roy le	rma	ON		DEATH T
200. ACCIDENT WAO OR CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)		CRIBE HOW INJURY					75 45	'EN IN PA	RT 1(o)	PERFO	AUTOPSY PRMED?
20c. TIME OF INJUR Hour a. jr. p. m.	Y Month, Day, Ye	While of wor	NJURY OCCURRED Not while t of work	20e. PLA foct	CE OF INJURY (lory, street, office	Home, farm, bldg., etc.	20f. (City	or town)		(County)		(Stote)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	at Lattended the	12.5 E. H	S. J., and the	<u></u> ^	accurred at	60 8	M, fram	the couses of set, city or lown,	nd on		te state	
220. BURIAL, CREMATIO REMOVAL (Specify) BURTAL	6-13-1	958		METERY OR				ON (City, town, o		-	(Stot	e)
23. FUNERAL DIRECTOR	Waltz,	Wir	nfield, N	Id.		William To	BY REGISTR		1	IGNATU	RE /	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be relatined by the hospital or attending physician.

TO FUNER IRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 she detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 charles be delibed with the registrat prior to burial, cremation, or remaval, and in any event within 72 haurs after death. VS A15 (4) 15M 9/55

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MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18

6702 CERTIFICATE OF DEATH

1. PLACE OF DEATH O. COUNTY A RROLL MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE b. COUNTY ARROLL
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) DAVID First B. Middle H.	AINES 4. DATE Month Day Yeor DEATH JUNE 10 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years lost birthdoy) 75 yrs. B. DATE OF BIRTH 9. AGE (In years lif UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
10o. ÚSUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	USTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A.
SAMUEL ANDREW HAINES	14. MOTHER'S MAIDEN NAME A MANDA BAIR
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes. no or unknown) (If yes, give wor or dates of service)	FFIEB. HAINES NEWWINDSOR
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Melastari &	Paremonea Interval Between Onset and Death;
Conditions, if ony, which gove rise to immediate DUE TO	Colon 2 years -
couse (o), stoting the under. ying couse lost. (c)	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	YES NO NO NED. (Enter noture of injury in Port 1 or Port II of item 18.)
	PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) octory, street, office bldg., etc.)
21. I certify that I ottended the deceosed from May alive on 19 9, 19 9, and that deat	ADDRESS (Street, city or town, state) DATE SIGNED
PHYSICIAN'S NAME (Type) STAMES T MARSA	MO. VYESTMINSIER GIOJSO
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY ADDRESS ADDRESS	OR CREMATORY ESPENIE DEMINISSIMA (City, town, or county) (State) DEMINISSIMA (STATE) 240, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
David C. Bankord Wistmins	tis Mc DATE JUN 1 3 '58 Que france

		JAVA	
Hara VVVA			
			Lucia I

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6703 CERTIFICATE OF DEATH

Reg. Dist. No. 6694

1.	a. COUNTY	thomety	CARROI	LI. MARYL	AND	2. USUAL RESID		yland	lived. If institution b. COUNTY	Mont			ian)
	b. CITY OR TOWN (I RURAL and give no Sykesville	earest tawn)	limits, write	c. LENGTH OF STAY I				stride corpor	rate limits, write R	-	, "	st tawn) ~
-	d. NAME OF HOSPIT OR INSTITUTION Springfie	AL (If not in haspi	300	address)	9 ,	d. STREET A	DDRESS	chuyle				ON A	DENCE FARM?
3.	NAME OF DECEASED (Type or print) SA	LLIE	First SHITYX	Middle Rose		HEDRICK		4. DATE OF DEATH	Mon Jun		Day		rear 19 58
5.	SEX Female	6. COLOR OR RA	ACE 7. MARI	RIED NEVER MARRIE		August :			9. AGE (In years last birthday) 81 yrs.	IF UNDER			
10	during most of work Housewife	ON (Give kind of wing life, even if re	rark dane 10b. tired)	Own home	RINDUS			or foreign co		12. CITI	ZEN OF		COUNTRY?
13	FATHER'S NAME	XXX WII	LIAM T	. ROSE		14. MOTHER'S	MAIDEN N						
15	(es. no. or unknown)	R IN U. S. ARMED (If yes, give wor or date	FORCES? 16.	SOCIAL SECURITY NO.	- 6	NFORMANT			Add 1 Record				
		TH WAS CAUSED IMMEDIATE CAU	BY: Ar SE (o) Ar (b) Ma	teriosclero lignant nep	hro			3			Ye	val BE I AND ars nth	
CEPTIFICATION	C.B.S.ass		conditions senile	CONTRIBUTING TO DEA		NOT RELATED TO	THE TERMIN	NAL DISEASE	CONDITION GIV	'EN IN PART	1(a) 19.	WAS A	AUTOPSY RMED?
MAFDICAL CERTIF			Year 20d. I		20e. PL/	O. (Enter nature of ACE OF INJURY (I stary, street, affice	Hame, farm,	20f. (City		(C	ounty)		(State)
ME	21. I certify the alive an Juractual SIGNATURE PHYSICIAN'S NAME (Type)		the deceas	sed fram May 3	0,	accurred at	8:251	M, fram	, .,	state)	ast saw e date	state	deceased ad above. ATE SIGNED 11/58
T	REMOVAL (Specify) RANS & BU	RIAL 6/1	EREOF 13/58	22c. NAME OF CEME FOREST HIL				NASHV	ION (City, town, of TLLE, NO	RTH C		(State	=)
7	LAUNT DIRECTOR	6 Lung	phee	ADDRESS 4 SILVER S	PRI	NG, MD.	DATE	JN 1 2	758 246. REGI	STRAR'S SIG	uch		

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		e mineralization Data di compo	
	with the Language specific land of the Language of the Languag		A PROPERTY OF STREET

FOR STATE HEALTH DEPT

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is necessary, please al director. Page d for your files. MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If ony deloy certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the functionworded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained? DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Stagnated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death

execute the 4 should FUNER DEPUTY

5,5	
VS. A15ME	
5M 2/57	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 6680

		U	V	U	U
Reg.	Dist.	No).		

1. PLACE OF DEATH				1 0	SUAL RESIDENCE (Where decea	sed lived. If institu		pelore adm	ission)
	roll		MARYLAN	ND	Maryl			Carrol		
and give nearest to	(If outside corporate limits, writen)	e RURAL	c. LENGTH OF STAY IN	lb c	CITY OR TOWN (I	f outside cor	porote limits, write	RURAL and give	neorest to	wn)
Westmin	nster			d	Westm	inster				
d. NAME OF HOSP	ITAL OR INSTITUTION	(If not in hosp	pital, give street address)	, d	STREET ADDRESS					ESIDENCE A FARM?
				/	77 Kemp	er Ave	nue			NO
3. NAME OF	Fir	rsf	Middle		Lost	4. DATE	Menti	h Do	v	feor
(Type or print)	Laura	2	A. 1	Helte	bridle	OF DEATH	June		,	958
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	B. DATE	OF BIRTH		9. AGE (In years lost birthday)	IFUNDER TYEA	R IF UND	ER 24 HRS.
Female	White	WIDOWED	DIVORCED [Aug	. 10, 187	7	80 yrs.	Months Days	Hours	Min.
100. USUAL OCCUPAT	TION (Give kind of work king life, even if retired)	done 10b. K	IND OF BUSINESS OR IND	USTRY 11	. BIRTHPLACE (Stote	e or foreign o	country)	12. CITIZEN	OF WHAT	COUNTRY
Housewor		Own	n home	= 13	Carroll C	o Me	breelerr	IT S A		
13. FATHER'S NAME		- OW	1 Home		OTHER'S MAIDEN		ar A rang	100000		
Pane I	Ch71				TV - mds - co VII	707				
	O. Stuller	RCES? 16. 5	SOCIAL SECURITY NO. 11	7. INFORM	Hester M	. Flee	Address			
(Yes, no, or unknown)	It yes, give war or dates of			T 47.0	2 77 2 1				70.00	
no		RT.		I.Alf	red Helte	bridle	Ri/We	stminste		
	ATH [Enter only one con ATH WAS CAUSED BY:	use per line t	or (o), (b), and (c).]				La Company	ON	TERVAL BETW	ATH
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Conditions, if	ony, which)	, A.	S. C.V.	015	EASE			1	16A	RS
gave rise to imm	ediote couse							1		
(o), stating the	underlying									
Z PART II. O			NTRIBUTING TO DEATH BE	JT NOT RE	LATED TO THE TERM	UNAL DISEAS	E CONDITION GIV	FN IN PART 1(0)	19 WAS	AUTOPSY
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S CO- EXTERNIAL C	ALICE MAC	AL DESCRIBE	LICHA INTINAN OCCURRE	15-4					YES 🗌	ио 🗆
PART II. O	ONTRIBUTING	Ub. DESCRIBE	HOW INJURY OCCURRED). (Enter no	of injury in Pol	rf For Ferf II	of Hem 18.)			
3 20c. TIME OF INJ	URY Month, Doy, Ye	or 20d. II	NJURY OCCURRED 20e.	PLACE OF	INJURY (Home, form	m. 120f. (Cit	y or town)	(County)		(Stote)
20c. TIME OF INJ		While	Not while		eet, office bldg., etc					
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			emains described a		ield an Autaps	sy 🔲, T	nspection [A].	Inquiry	J, an	d in my
opinion death	h pasulted fram:	Natural c	auses 🔼 Accider	it 🔲,	Suicide	Homicide	. Undete	rmined man	ner 🗌	
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ACTUAL	xames =	1. 11	tref	M.D.	CHIEF MEDICAL E	XAMINER [DATE	HGNED
					ASSISTANT MEDIC	CAL EXAMINE	R		6-1	15-5
EXAMINER'S NAME (Type)	TAMES	1	MARCH	1.	DEPUTY MEDICAL	EXAMINER I	7		0 /	4.0
220. BURIAL, CREMAT	ION, 22b. DATE THERE	OF I	22c. NAME OF CEMETERY	OR CREM			TION (City, town,	or county)	(Stot	e)
REMOVAL (Specif			Classials of C.	- D - E -						-,
23. FUNERAL DIRECTO	6-18-58		Church of Go	Ja ve		D BY REGIST	ontown,	SIRAR'S SIGNATI		
Meri		us				UN 19'		A street	yne	
C.O. Fus:	& Son	T	anevtown, Mar	rylan	DATE	י זוע	· ·	Prouter		

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ICIAN: The Idw requires find the death certificate be executed within 24 hours after death. Page 4		ctor,	as the burial-transit permit. Then please remave carban papers. Pages 1 anged shauld be filed with	1	-
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UILES		gned	perm	an, ar removal, and in any event within 72 haurs after death.	
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1YSICIAN: The Taw requires that the death certificate be executed within 24 hours after death. Page 4	ar attending physician.	s certificate has been signed by the attending physician and completely filled it is the funeral director.	use as the burial-transit permit. Then please remove carban papers. Pages 1 and shall be filed with	nation, ar removal, and in any event within 72 haurs after death.	
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VS A15 (4) 1SM 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6704

CERTIFICATE OF DEATH

Reg. Dist. No. 6696

1. PLACE OF DEATH o. COUNTY Car	rroll		MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Balto.City							
b. CITY OR TOWN (I	If outside corporate fimi egrect own) 71118	ts, write	c. LENGTH OF STAY IN 16 2mos. 4days	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3 VO / - 44							
OR INSTITUTION	TAL (If not in hospital, g			d. STREET		Homewoo	d Ave.		0	RESIDENCE ON A FARM?	
3. NAME OF DECEASED (Type or print)	Fir Mu	rray	Middle Sherman	HINTON	ist	4. DATE OF DEATH	Jun Jun		Doy 6,	Year 19 58	
5. SEX Male	6. COLOR OR RACE White	7. MARRI WIDOWE	D DIVORCED	8. DATE OF BIRT		, 1895	AGE (In years last birthday) 62 yrs.			JNDER 24 HRS.	
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pharmacist				LACE (Stote	or foreign coun	lry)	12. CITI2	U.S.A.		
Wm. Addi	ison Hinton			14. MOTHER'S		Frances	Murray				
15. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FOR (II yes, give wor or dotes of 1917 & 192	ervice)		INFORMANT Springfi	eld H	ospital	Record				
162.1	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO	Br	e for (o), (b), ond (c).]	rcinoma					INTERVA ONSET A Year	AND DEATH	
Canditions, if o gove rise to i couse (o), stoting lying couse lost.	mmediate the under-)									
PART II. OTH Sociopat OR CONTRIBUTING (IF EITHER, NOTIFY	thic person	ality	ontributing to DEATH BU disorder, al	cohol ad	dicti	on.	ONDITION GIV	EN IN PART	PE	REPORMED?	
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCURR	ED. (Enter nature	of injury in	Port I or Port II	of item 18.)				
ZOc. TIME OF INJUR Hour o. m. p. m.	RY Month, Day, Yea	While	Not while of work	LACE OF INJURY octory, street, affic	e bldg., etc	.)			ounty)	(Stole)	
21. I certify the olive on Juractual SIGNATURE	not I attended the ne 6,	decease 1955 Lu	ed from April 2,	h occurred ot	1:30	P.M., from t ADDRESS (Street 1d State	he causes a I, city or town,	ind on the	e dote s	the deceased toted above DATE SIGNED 5/58	
PHYSICIAN'S NAME (Type)	Edmund Lus		, M.D.	Syke	svill	e, Mary	Land	******			
220. BURIAL, CREMATIO REMOVAL (Specify) BURIAL	6-10-5		22c. NAME OF CEMETERY	OR CREMATORY	4		N (City. town, c imore	or county)		(Stote)	
23. FUNERAL DIRECTOR		1217	ADDRESS St. Paul S+r	eet		D BY REGISTRA		TRAR'S SIGI	1		

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irtificate be executed within 24 hours after death. Page 4	physician and campletely filled it with funeral directar, emaye carbon papers. Pages 1 and shauld be filed with	haurs ofter death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
6705 CERTIFICATE OF DEATH **CERTIFICATE OF DEATH**

D	Dist.	NI-	U	6	6	9	7
Keq.	DIST.	NO.					

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1. PLACE OF DEATH o. COUNTY	Carroll		MARYLAN		USUAL RESIDENCE (W	here deceased	lived. If instituti b. COUNTY	on: Residence Montgo	mery	nission) L74
b. CITY OR TOWN RURAL and give Sykeavil	(If autside corporate lim nearest town)		c. LENGTH OF STAY IN byrs.lmths.l	- 11	c. CITY OR TOWN (IF Rockvill		rate limits, write R	URAL ond g	ive nearest to	wn)
OR INSTITUTION	TAL (If not in hospitol, of State Hos				d. STREET ADDRESS C-11 South	lawn L	ane		ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Jo	hn	Gennir	0	Holton	4. DATE OF DEATH	Man	6 -	8° -	19 ⁵⁸
S. SEX Male.o	6. COLOR OR RACE White	7. MARRIE	DIVORCED		3-24-97.		9. AGE (In years birthday) yrs.	Manths	1 YEAR IF UN Days Haus	-
10a. USUAL OCCUPAT during most of wo	ION (Give kind of work orking life, even if retired	Joh	nd of Business or II		11. BIRTHPLACE (Stoke	e ar foreign co	untry)		J.S.A.	AT COUNTRY?
13. FATHER'S NAME			•	14	MOTHER'S MAIDEN	NAME				
Isaa	Monroe Ho	lton	-		Susie Id	a Vaugl	m			
1S. WAS DECEASED EV (Yes. no. or unknown)	ER IN U. S. ARMED FOR		OCIAL SECURITY NO.	Hos	mant pital reco	rds.	Add	ress		
	ATH [Enter only one co ATH WAS CAUSED 8Y: IMMEDIATE CAUSE (c	Myroca	for (o). (b). and (c).] rdial infar	rctio	n				INTERVAL ONSET AN NOURS	BETWEEN DD DEATH
Conditions, if gave rise to		Coron	ary artery	thro	mbosis				hours	3
lying cause lost	the <u>under-</u> DUE TO	Arter	riosclerosis						years	3.
C.B.S. as: Qualify 200. ACCIDENT W CONTRIBUTION (IF EITHER, NOTIF	sociated wi ing phrase	th tra	ontributing to DEATH	ing b	rain opera	tion, W	CONDITION GIV	EN IN PART	1(a) 19. WA PER YES	S AUTOPSY FORMED?
	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20Ь. DESCR	RIBE HOW INJURY OCCU	JRRED. (Er	nter noture of injury in	Port I or Part	II of item 18.)			4
20c. TIME OF INJU	10	While	URY OCCURRED 20e Nat while at work	factory,	OF INJURY IHome, for street, affice bldg., et	m, 20f. (City	ar town)	(C	ounty)	(Stote)
21. I certify to	that I attended the	deceased	fram 4- 21	eath occ	, 1955 , to 6	As from	1958 the causes of			e deceased
ACTUAL SIGNATURE	molmi	de	(Camp	M.D.	Springfi	ADDRESS (SI	reet, city or town,	state)		DATE SIGNED
PHYSICIAN'S NAME (Type)	Agustin de	1 Camp	00. M.D.		Sykesvil	le,Mar	yland.			
220. BURIAL, CREMATI			22c. NAME OF CEMETER Arling to		ematory ational (ON (City, town, o			nia
23. FUNERAL DIRECTO	Hines Co	.•290 We	labling ton,	t _D .		D BY REGIST	RAR 24b. REGI	STRAR'S SIG		
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6707 M

CERTIFICATE OF DEATH

Reg. Dist. No.

1.	o. COUNTY Ca	rroll		MARY	LAND	2. USUAL RESIDENCE o. STATE Mar	(Where decease	ed lived. If instituti b. COUNTY		gome:	
	b. CITY OR TOWN (RURAL and give n Sykesvil	If outside corporate limit earest tawn) 1e	s, write	c. LENGTH OF STAY 7yrs. 8mos	- 1		(If outside corp	orote limits, write R	SURAL ond g	ive neares	it town)
	d. NAME OF HOSPI OR INSTITUTION Springii	TAL (If not in hospitol, g eld State H	ospit	ddress)		d. STREET ADDRES					IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	Harr		Garfield V		ns KING	4. DATE OF DEATH	Mon June		6,	Year 1958
S.	Female	6. COLOR OR RACE White	7. MARRI WIDOWE	ED NEVER MARRI		1881, At	ug.29	9. AGE (In years last birthday) 7 Orrs.			UNDER 24 HRS Hours Min.
	Housewif	ON (Give kind of work of king life, even if retired)	lone 10b. I	CIND OF BUSINESS C	R INDUST	Mary1	and	country)		J.S.A.	WHAT COUNTR
13	Julius W	atkins				14. MOTHER'S MAID Amand	_{EN NAME} la Watki	ns			
15 (Y	. WAS DECEASED EVE es. no. or unknown)	R IN U. S. ARMED FORG	ES? 16. S	SOCIAL SECURITY NO		ormant pringfield	State	Hospital		ds	
NOITON	Conditions, if of gove rise to it couse (a), stoting lying couse lost. C. B.S. as	mmediate the under- (c) HER SIGNIFICANT CONUSCE WITH CI	DITIONS C	nocarcinom					VEN IN PART	1(0) 19.	WAS AUTOPSY PERFORMED?
CERTIFICATION	20g. ACCIDENT W	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)		RIBE HOW INJURY O	CCURRED.	(Enter nature of injury	y in Port I or Pa	irt II of item 18.)		Y	es 🗌 no 🔀
MEDICAL	20c. TIME OF INJUI Hour o. m. p. m.	Y Month, Day, Yea	r 20d. IN While at work	Not while of work	20e. PLAC facto	E OF INJURY (Home, ry, street, affice bldg.	form, 20f. (Cit	ty or tawn)	(C	ounty)	(State)
	actual SIGNATURE	e 5. August 1 attended the 18 5. Edmund Lust	_, 19 <u>51</u>	B, and that	er 20 death o	ccurred at 1:5	ADDRESS (See Leld Sta	m the causes of Street, city or town, ate Hospi	and an th	ast saw ne date	the decease stated abov DATE SIGNO
	BURIAL, CREMATIC REMOVAL (Specify)		1958	22c. NAME OF CEMI		EREMATORY		ATION (City, town,		Ма	(Stote)
23.	FUNFRAMDIRECTOR	Signature Molesur	nth	ADDRESS		Md.	REC'D BY REGIS	TRAR 246. REGI	STRAR'S SIG	NATURE	

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		670	80	CERT	TIFICA1	E OF DEATH	4		Rea. Dis	t. No)67	00
	CE OF DEATH	Carroll		MAI	RYLAND 2	. USUAL RESIDENCE (WHO. STATE Mary)		ed lived. If instituti b. COUNTY			re odmissi	ion)
b. C	TITY OR TOWN	(If outside carporate lim	ils, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN (If o	outside corp	orote limits, write R)
S	ykesvil	le		20yrs. Lymo	s. 21da	ys Essex	c, Bal	ltimore C	ounty	0	350	1.2
0	OR INSTITUTION	PITAL (If not in hospital, eld State H				d. STREET ADDRESS Unknown	own					DENCE FARM? NO 13
3. NAA	EASED		rsi	Midd		Last	4. DATE	Mon	ith	Do	,	(eor
	e or print)		rie		Litsk		DEATH	- 04.0	1	24,		1958
5. SEX	Remale	White	WIDOW	RIED NEVER MAR	_	1871		9. AGE (In years lost birthdoy) 87 yrs.	Months Months	Days	Hours	Min.
du	SUAL OCCUPATION OF WORLD	orking lite, even it retired	dane 10b	Pa: H		11. BIRTHPLACE (State						country
	HER'S NAME	00161		1941au	ue	14. MOTHER'S MAIDEN N		2	026	GIR	DETCIA	akta
177	Unknow	n		/	8 4134	Unknown						
15. WA	S DECEASED EN	VER IN U. S. ARMED FOI	RCES? 16.	SOCIAL SECURITY N	10. 17. INFO			Add	ress			
(Yes, no.	NO NO	(If yes, give war or dates of	service)	usel		Springfield	Hospi					
18.	CAUSE OF D	EATH [Enter only one co	ouse per li	ine for (o), (b), and (c			-1000	1000	L GD	LINTE	RVAL 8E	TWEEN
	PART I. DI	EATH WAS CAUSED BY:	7			diovascular	d1 =0=			ONS	ears	DEATH
14	143X	IMMEDIATE CAUSE (d		Typor deligi	10 0011	2201 000000	Q_BCC	.00			CUL	•
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_ =	60 WART II. O		iditions D	contributing to D	PEATH BUT NO	OT RELATED TO THE TERMI	NAL DISEAS	SE CONDITION GIV	'EN IN PART	1(0) 1	9. WAS A PERFO	AUTOPSY RMED?
I ≃ I OR	CONTRIBUTIN	VAS UNDERLYING [] IG [] CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRED. (Enter nature of injury in (Port I or Pa	ort II of item 18.)				
WEDICAL 20c	Haur a.m	10	ar 20d. I While at wo		20e. PLACE foctor	OF INJURY (Home, form y, street, office bldg., etc.	20f. (Cit	y or town)	(C	ounty)		(State)
21	. I certify	that I attended the	deceas	ed fram Oct	. 20,	., 1954 , to Ji	me 21	1, 1958	_,that	ast so	w the	decease
		June 24,	,12		at death or	corred at 8:151	M, fra	m the Causes o	ind an th	e da	e state	d abay
	(1					Street, city or town,				TE SIGNE
	TUAL	-dunand.	Ju	slaan	M.D	Springf	ield S	State Hos	pital		6/2	5/58
PH'NA	YSICIAN'S ME (Type)	Edmund Lus	thaus	s, M.D.		Sykesvi	lle, 1	Maryland				
	RIAL, CREMATI	ON, 226. DATE THEREO	0F 15-8	22c, NAME OF CE	METERY OR C	REMATORY	22d. LOCA	ATION (City Jown,		4	(State	1/
23. FUN	VERAL DIRECTO	R'S SIGNATURE		ADDRESS'	1 -00	24g. RFC"	D BY REGIS	666666	STRAR'S SIG	NATUR	E	,
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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Reg. Dist. No.

6709

CERTIFICATE OF DEATH

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1. PLACE OF DEATH					2. USUAL RESIDENCE	CE (Where decease			ce before admis	sion)
Ca	rroll		MAR	YLAND	Ma	ryland	b. COUNTY	Bal	timore	
b. CITY OR TOWN (If RURAL and give ne	outside corporate limi	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOW	N (If outside corp	orote limits, write f	RURAL ond	give nearest tow	n) V
Sykesy			18 Mon	ths	Rural	Randal	lstown	0	3x-2	
d. NAME OF HOSPITA	AL (If not in hospital, g	ive street	oddress)		d. STREET ADDR				e. ts RE	SIDENCE A FARM?
Pullen Nu	rsing Hor	ne							YES	D ON [
3. NAME OF DECEASED	Fir	st	Middle		Lost	4. DATE	Moi	nth	Day	Yeor
(Type or print)	Joseph			1	VIIMER	DEATH	JY.	NE	6	19 5 5
5. SEX	6. COLOR OR RACE	7. MARR	RIED NEVER MARR	ED [A	B. DATE OF BIRTH		9. AGE (In years lost birthdoy)	IF UNDER	I YEAR IF UND	7
Male	White	WIDOW	DIVORCE	0	Oct. 29.	1876	81 yrs.	Months	Days Hours	Min.
10a. USUAL OCCUPATIO	N (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS	OR INDU	STRY 11. BIRTHPLACE	(State or foreign	country)	12. CIT	IZEN OF WHA	COUNTRY
Farmer	ing me, even in remed	'	own farm		Maryl	and		U	.S.A.	
13. FATHER'S NAME				1941	14. MOTHER'S MAI	IDEN NAME				7.
Herma	n Luttmer	2	F (Lyber, L)		Cathe	rine Oh	erman			
IS. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO). 17. I	NFORMANT			Iress		
No	If yes, give wor or dotes of s None	ervice	None	Mr	. Willia	m Hanle	y, Rand	lalls	town,	Md.
	TH {Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o	1.	ne for (o), (b), and (c)	term	rheis.	harlan	man de	2.	INTERVAL B	DEATH
Conditions, if on	DUE TO	12		6.1		00000	. A. A.		195	7
gove rise to in	nmediate (eserce, c	NM	mas une	- Junes	neger		10	
tying couse lost.	he under-	1					U		69	2 18
PART II. OTH	ER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE	TERMINAL DISEA	SE CONDITION GI	VEN IN PAR	T 1(o) 19. WAS	AUTOPSY ORMED?
2										NO
PART II. OTH 200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY C	CCURRE	D. (Enter noture of inju	ury in Port I or Po	rt II of item 18.)			
20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yes	20d. It While of worl	NJURY OCCURRED Not while of work	20e. PL.	ACE OF INJURY (Home ctory, street, office bld	e, form, 20f. (Cit g., etc.)	y or town)	(0	County)	(Stote)
21. I certify the	at Lattended the	deceas	ed from		1957, to	6 m	L 1951	that	last saw the	decease
alive an	me	. 19	m 0/	death	accurred at 3?	0 //				
	1		2 21 11	GCGIII	accorred diller.		Street, city or town,			ATE SIGNE
ACTUAL SIGNATURE	Howar	18	5 Mall		M.D	Mere	elle (med	6 h	me s
PHYSICIAN'S NAME (Type)	oward E.	Hal	1, M.D.		Syk	esville	Maryl	and		
220. BURIAL, CREMATION REMOVAL (Specify)	22b. DATE THEREC	F	22c. NAME OF CEM	ETERY O	R CREMATORY	22d. LOC/	TION (City, town,	or county)	(Sto	te)
Burial	June 9	,195	8 St.Cha	rles		-	resville		Maryla	nd
23. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS	1	-00 5 240	REC'D BY REGIS		STRAR'S SIC	SNATURE	
(Indente	14.11	119	11 - lis	Gene	W LO MED DAT	TE JUN 1	1 '58	wite	auch	

TO HOSPITALIOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haugs after death. Page 4 SECTOR: After this certificate has been signed by the attending physician and campletely filled in RECTOR: After this certificate has been signed by the attending physician and campletely filled in be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and be detached for use as the burial-transit permit. TO FUNERA page 3 sho

VS A15 (4) 1SM 10/57

the funeral director, should be filed with

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VS A15 (4) 1SM 10/S7

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

		67	10	CERT	IFIC	ATE OF	DEATH	Н		Reg. D	ist. No	06	702
1.	PLACE OF DEATH	oll		MAR	YLAND	2. USUAL RES	Mary	_	d lived. Il instituti b. COUNTY		nce belo	ore admiss	sion)
	b. CITY OR TOWN (IF	outside corporate limi	ts, write	c. LENGTH OF STA	Y IN 1b	c. CITY OF	R TOWN (If	outside corpo	prote limits, write R	URAL ond	give ne	arest low	n)
	hural -	Sykesville		3lyrs.10m	os.	Baltimore 3vo/-4							
	d. NAME OF HOSPITA OR INSTITUTION Springfi	eld State				d. STREET	ADDRESS						FARM?
3.	NAME OF DECEASED (Type or print)	Fii Jo	hn	Middl	le	MAJ	ost DIE	4. DATE OF DEATH	June		Do	5	Yeor 1958
S.	SEX	6. COLOR OR RACE	7	RIED TO NEVER MARK	RIED IN	B. DATE OF BIR	RTH		9. AGE (In years	IF UNDE	RIYEAR		ER 24 HRS.
	male	white	WIDOW	ED DIVORC	ED 🗍	unkno	m		lost birthdoy)	Months	Doys	Hours	Min.
100	. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS	OR INDU	STRY 11. BIRTH	PLACE (Stote	or foreign o	ountry)	12. CI	TIZEN C	F WHAT	COUNTRY
	Laborer	ing life, even if retired	1	ınknown		Hung	gary			Hu	inga	ry (a	alien
13.	FATHER'S NAME					14. MOTHER	'S MAIDEN	NAME					
	unknown					unl	cnown						
15. Ye	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	social security No		nformant cords of	f Spri	ngfiel	Add State	res Syl	cesv	ille	, Md.
F	18. CAUSE OF DEA	TH [Enter only one co	use per li	ne for (o), (b), and (c			1				INT	ERVAL BE	TWEEN
		TH WAS CAUSED BY:	(Coronary o		sion					ON	SET AND	DEATH
	420.1	IMMEDIATE CAUSE (d	,	or orier,	002.00	2.014						(Shriofin	085
	Conditions, if or gove rise to in couse (o), stoting t lying couse lost.	nmediate DUE TO	Hy	pertensive	car	diovascı	ılar d	isease	- mor	e tha	n 1	5 yea	ars
Z		ER SIGNIFICANT CON	/	CONTRIBUTING TO D	EATH BUS	NOT RELATED 1	O THE TERM	INAL DISEAS	E CONDITION GIV	FN IN PAI	PT 1(a) 1	19 WAS	AUTOPSY
CATIO		renic reac						INAC DISEAS	L CONDITION ON		., (0)	PERFC	RMED?
CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER , NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRE	D. (Enter nature	ol injury in	Port I or Por	t II of item 18.)		19		
MEDICAL	20c. TIME OF INJURY Hour <u>o. m.</u> p. m.	Month, Day, Ye	ar 20d. I While of wor		20e. Pl	ACE OF INJURY ctory, street, off	(Home, form ice bldg., etc	n, 20f. (City	y or town)		(County)		(Stote)
	21. I certify the	at I oftended the	deceos		31	, 19_5	25, to_J	une 5	n the causes o	8, that I	last s	aw the	deceased
	alive an	1101	- //	20, and the	i deoir	occurred d			n the causes (treet, city or lawn,		the do		ed above
	ACTUAL SIGNATURE	wally	M	won	1	M.DSpa			ate Hosp	- 0.0		6/6	5/58
	PHYSICIAN'S NAME (Type) W	alter Knop	p, M	D,	1				unyland				
220	BURIAL, CREMATION REMOVAL (Specify)	226. DATE THERECO	58	72c. NAME OF CEA	METERY C	Redril	-	22d. LOCA	IJON (City town,	or county)		(Stot	ey]
23.	FUHERAL DIRECTOR'S	S SIGNATURE	46	JADORESS !	Mes	, my.	24a. REC	D BY REGIST	TRAR 246. REGI	STRAR'S SI	GNATU	RE	
4		- J		1						Will.	roul	VA	

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o. COUNTY Carroll MARYLAND						2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Carroll						on)	
-	b. CITY OR TOWN (IF	outside corporate limi	ts, write	c. LENGTH OF STAY	IN 1b	c	CITY OR TOWN (If ou	utside corpore	ote limits, write R	URAL and g	ive nea	irest town)
	Sykesville	rest town;		8mos.2day	S	2	/ Westmins	ter					
	d. NAME OF HOSPITA	L (If not in hospital, g	ive street	oddress)		d. STREET ADDRESS e. IS RESIDENCE ON A FARM?							
	Springfiel	d State Ho	spit	al		92 E. Main Street YES NO.					-		
3.	NAME OF	Fir	st	Middle			Last	4. DATE	Mon	th	Day	y 1	reor .
	DECEASED (Type or print)	Jo	seph	Clayt	on		MANGER	OF DEATH	June		23,	1	9 58
5. 5	SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARR	ED 🔲	8. DA	TE OF BIRTH	9	9. AGE (In years	IF UNDER			R 24 HRS.
	Male White widowed Divorced				DO	Local highlight Co. 1					Min.		
I Qa	USUAL OCCUPATIO	N (Give kind of work	dane 10b.	KIND OF BUSINESS	OR INDUS	STRY	11. BIRTHPLACE (State of	or foreign co	untry)	12. CIT	ZEN O	F WHAT	COUNTRY
	during most of working life, even if retired) Plasterer						Maryland			U.	S.A		
13.	FATHER'S NAME					14.	MOTHER'S MAIDEN N	AME					-
	George Man	nger					Mandy St	ansbur	'g				. 1 - 3:
	WAS DECEASED EVER			SOCIAL SECURITY NO). 17. II	NFOR	MANT		Add	ress			
1141	No	f yes, give war or dates of s	ervice)	218-03-690	2	Spr	ringfield H	ospita	al Record	is			
	18. CAUSE OF DEAT	TH [Enter only one co	use per li	ne for (a), (b), and (c)	.]						INTE	RVAL BE	TWEEN
	PART I. DEAT	H WAS CAUSED BY:	B	ronchooneu	moni	a.						ET AND	DEATH
3	491X	3000570	-										
	Conditions, if an	y, which) (b	C	erebral ar	teri	OSC	elerosis.				Y	ears	
	gave rise to im	mediate (J06 H S				
	lying couse last.	lo onder-	G	eneralized	art	eri	osclerosis	•			Y	ears	•
Z O	TANEII. OTH	ER SIGNIFICANT CON	PITIONS	ONTRIBUTING TO DE	ATH BUT	MOI	RELATED TO THE ALVAN	YAY DISEASE	CONDUINTER	EN IN PART	1(0) 1	9. WAS /	UTOPSY
CAT		reaction.	L1 C 0 C	TO OF 9 WI OIL	0010	01.6	17 01 001 100	010101	, 10 g 11 11 011			PERFO YES	NO 🗌
TIFE	206. ACCIDENT WAS	UNDERLYING [20b. DES	CRIBE HOW INJURY O	CCURRE	D. (En	er nature of injury in P	ort I or Part	II of item 18.)		100		
CER	(IF EITHER, NOTIFY	MEDICAL EXAMINER)											
CAL	20c. TIME OF INJURY	Month, Day, Yes		NJURY OCCURRED	20e. PL/	ACE C	F INJURY (Home, farm, street, office bldg., etc.)	20f. (City	or town)	(0	ounty)	· · · · · · · · · · · · · · · · · · ·	(Stole)
MED	Haur a.m. p.m.	19	While at wor	k ot work	100	loly,	street, office blag., etc.)	'					
1	21. I certify the	at Lattended the	deceas	ed from Octob	er 2	1,	1957 to Ju	me 23,	1958	,that I I	ast so	w the	decense
	alive an June		. 195	8 and that	death	acc	urred at 5:50A		the causes of				
		-	1	1 0	1				eet, city or town,		ie dai		TE SIGNE
ń	ACTUAL SIGNATURE	ushn .	lel	Cam	100	M D	Springfie	ld Sta	ate Hosp:	ital		6/23	/58
			- China							*******			
	PHYSICIAN'S S	Agustin de	LCamp	o, M.D.			Sykesvill	e, Mai	ryland.				
220	BURIAL, CREMATION	, 226. DATE THEREC	f	22c. NAME OF CEN	ETERY O	R CRE	MAJORY	22d. LOCATI	ON (City, town,	or county)		(State	:)
13	REMOVAL (Specify)	16-76	3.8	KIPIDI	= 175	1	EM.	WES	7 M/11/5	STE	P.	1-1	10.
3.	FUNERAL DIRECTOR'S	SIGNATURE	1	ADDRESS,	_	, _	7 1	BY REGISTR		STRAR'S SIC	NATUR	¢E .	
Ox	David	4.1)ar	VICU	ro Well	mr.	m	67 M PATEJUN	1 2 6 '58	3 Cer	Leau	eh		

TO FUNERA page 3 sho TO HOSPITAL VS A15 (4) 15M 10/57

the funeral director, should be filed with

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hayes after death. Page 4

AECTOR: After this certificate has been signed by the ottending physician and campletely filled RECTOR: After this certificate has been signed by the ottending physician and campletely filled a be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 is prior to burial, cremation, or removal, and in any event within 72 hours after death.

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	and the second s

RYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
3712	CEDTIEICATE	OF DEATH	

OF DEATH

Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND Carroll Maryland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) - Sykesville 5yrs.lmo.20das Baltimore City d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 625 S. Bethel YES NO Springfield State Hospital Middle 4. DATE Month Yeor DECEASED OF DEATH Cornelius MILIS 19 58 (Type or print) June 9. AGE (In years last bighdoy) yrs. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months male white Jan. 7, 1867 DIVORCED [WIDOWED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Baltimore, Maryland United States carpentry carpenter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas W. Mills Sarah Ann 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Addres bykesville, Md. Records of Springfield State Hospital 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Arteriosclerotic Heart Disease more than IMMEDIATE CAUSE (o) **DUE TO** 10 yrs Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY CBS assoc, with disturbance of metabolism, growth or nutrition, with senile brain disease, with psychotic reaction. YES NO 20°. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTHY-MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) a. m. Not while of work ol work 21. I certify that I attended the deceased from July 31 ____, 19_55, to_ June 12 1958 that I last saw the deceased / , and that death accurred at 1:10P M, fram the causes and on the date stated above. alive an June 12 ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SpringfieldState Hospital PHYSICIAN'S Walter Knopp, M.D. Sykesville, Maryland NAME (Type 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) 6-16-68 Cedar Hill Cemetery Baltimore 25 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE William Cook, Inc., 1217 St. Paul Street

DATE JUN 1 6 '58



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Reg.	Dist.	No.				

ľ	COUNT ARROLL MARYLAND	a. STATE D. b. COUNTY	ROLL
	o. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c. CITY OR TOWN (If autside carparote limits, write RURAL and gi	ve nearest tawn)
17	RAL WESTMINSTER	27 NESTMINSTER	
6	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
1	OUYTY HOME		
3.	NAME OF DECEASED Type or print) CURTIS FIRST FRANIT	1700PE OF JULIE	30 1958
S.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	land hand de	YEAR IF UNDER 24 HRS. Days Hours Min.
100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IND		EN OF WHAT COUNTRY?
L	BARBER I ET	G #10	USA
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	not known	Mar Known	
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Stanley Paker Comit to	wistmine
	18. CAUSE OF DEATH [Enter only one cause per line for (o), /(5), and (c).]	1	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	lolarioseo	ONSET AND DEATH
	450.0 IMMEDIATE CAUSE (a) CONTROL O	100000	40 paroc
	Conditions, if any, which (b) (so Anowr	c Causa	7.
	gave rise to immediate cause (a), stating the under-lying cause lost.	ters of an	10 7/s
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED?
F	200 ACCIDENT WAS UNDERLYING TO 201 DESCRIPE HOW INHURY OCCURR	SED (E-A. and an of initial in Book to a Book to of item 18.)	YES NO
CERTI	206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Port I or Port II of item 18.)	
MEDICAL		PLACE OF INJURY (Home, form, 20f. (City or town), (Co oclary, street, office bldg., etc.)	ounty) (Stote)
MEC	Haur a. m. While Not while of work of work	X	
	21. I certify that I attended the deceased from 1945.	-/_, 1945, to 6-36 , 1938, that I lo	ast saw the deceased
	alive an 6-29, 1958, and that deat	th accurred atA_M, from the causes and an the	e date stated above.
	ACTUAL SIGNATURE IT. C. Horre	ADDRESS (Street, kity or town, storie) MD 125 E FU ISM ST. Trestomen.	Shel) DATE SIGNED
	PHYSICIAN'S NAME (Type) N. C. AFFALL		
22	BURIAL, CREMATION, 22b, DATE THEREOF / 22c, NAME OF CEMETERY	OR CASCULATORY MAL LOCATION (Cit. Inc.)	(6. 1.)
3	EMOVAL (Specify) JULY 7/5-8 County hor		med.
23.	FUNERAL DIRECTOR'S SIGNATURE AND WEST WINELE	ma 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGN	ATURE
K	Jerrary Dr. 1 7 Sall il en el	To the state of th	

TO FUNERA
page 3 sh
the registrar VS A15 (4) 1SM 9/SS

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	First Art Z angelow	
		A Company of the second
	and the Party of their	
		Section 19

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CERTIFICATE OF DEATH

		1						Reg. Dis	t. No.	
1. PLACE OF DEATH		X-	MARYLANE		USUAL RESIDENCE (W		b. COUNTY			
Carr					Mary	land		Wash	ingto	1
b. CITY OR TOWN (If out RURAL and give nearest	side corporote limits, t town)	write	c. LENGTH OF STAY IN 18	·	c. CITY OR TOWN (IF	outside corp	orote limits, write RU	RAL ond gi	ive nearest	town) 1
Sykesville			lmo.16days		Gapla	nd	2	1x -	2	
d. NAME OF HOSPITAL (I	If not in hospital, give	street	oddress)		d. STREET ADDRESS					RESIDENCE N A FARM?
Springfield	State Ho	spit	ta 1		-					NO TO
3. NAME OF DECEASED (Type or print)	First Ira		Middle Clayton		MOSS	4. DATE OF DEATH	Month June		Day	Yeor 19 58
		44400		le n	ATE OF BIRTH	DEATH			VEAD IE II	NDER 24 HRS.
		/IDOWE	NEVER MARRIED DIVORCED			1884	lost birthdoy) 74 yrs.		Days Ho	
Oa. USUAL OCCUPATION (C	Give kind of work dor	ne 10b.		DUSTRY	11. BIRTHPLACE (Stote	or foreign o	country)	12. CITI	ZEN OF W	HAT COUNTRY
Railroad tr	ackman		Railroad		Maryla	nd		1	U.S.A.	
3. FATHER'S NAME Henry Moss				14	Catherin		ride			
15. WAS DECEASED EVER IN	U. S. ARMED FORCE	\$7 16.	SOCIAL SECURITY NO. 17	INFO	RMANT		Addre	118		
(Yes, no, or unknown) (If yes	s, give wor or dates of servi	ce)	15-07-7716		ringfield S	tate 1				
18. CAUSE OF DEATH		per lir	ne for (o), (b), and (c).]						INTERVA	L BETWEEN
PART 1. DEATH V	WAS CAUSED BY: MEDIATE CAUSE (o)	My	yocardial inf	arc	tion				Da	VS
420.0	DUE TO									
Conditions, if ony,	which) (b)_	Co	oronary throm	bos:	is				Day	ys .
gove rise to imme	diote									
lying couse lost.	(c)	Az	rteriosclerot	ic l	neart disea	se			Yea	ars
C.B.S.ass	IGNIFICANT CONDIT	erel	contributing to death soral arterios	cle:	RELATED TO THE TERM	psych	otic react	n in part	PE	AS AUTOPSY RFORMED?
OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION MED	NDERLYING 20 CAUSE OF DEATH PICAL EXAMINER)	b. DESC	CRIBE HOW INJURY OCCUR	RED. (E	nter nature of injury in	Port I or Par	rt II of item 18.)			
20c, TIME OF INJURY A Haur a. m. p. m.	Aonth, Day, Year	20d. IN While of work	Nat while	PLACE foctory.	OF INJURY (Home, form, street, affice bldg., etc	n, 20f. (Cit	y or town)	(Ce	ounty)	(State)
21. I certify that I	attended the d	ecease	ed from April 1	7.	, 1 <u>558</u> , to Ju	me 3.	1958	that I le	nst saw t	he decease
alive on June	2.		58 , and that dea	th oc	curred at 2:50A	M from	m the course or	d on the	e date :	tated above
	1	1	<i>A</i> 1	1			treet, city or town, si		e dale s	DATE SIGNE
ACTUAL SIGNATURE	Alm a	100	Camps.	m	y .		State Hos		6	/3/58
SIGNATURE		4-4-		M.D.						21.20
PHYSICIAN'S // Ag	gustin del	Camp	00, M.B.		Sykesvi	lle,	Maryland			
20. BURIAL, CREMATION, REMOVAL (Specify)	226. DATE THEREOF		22c. NAME OF CEMETERY	OR CR	EMATORY	22d. LOCA	TION (City, town, or	county)	(Stote)
BURIAL (Specify)	-5.19	58	BROWNSVILLE	. (EMETERY	BRA	WALSVILLE	WASH		MP
FUNERAL DIRECTOR'S SIC			ADDRESS			D BY REGIS	TRAR 24b. REGIST	111001		. (()/
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VS A15 (4) 15M 10/57

0.170	CERTITION	AL OF BLATT	Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY Carroll	MARYLAND	2. USUAL RESIDENCE (Where deceased o. STATE Maryland	lived. If institution: Residence before admission) b. COUNTY Carroll
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Taney town	c. LENGTH OF STAY IN 1b 5 years	c. CITY OR TOWN (If outside corpor	rote limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give str OR INSTITUTION	eet oddress)	d. STREET ADDRESS 16 Frederick S	e. IS RESIDENCE ON A FARM? YES NO A
3. NAME OF First DECEASED (Type or print) J .	Middle Elmer	Motter 4. DAYE OF DEATH	June 21, 1958 19
Male White wood	ARRIED NEVER MARRIED DIVORCED DIVORCED	October 12, 1878	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
10c. USUAL OCCUPATION (Give kind of work done 1 during most of working life, even if retired) Retired Farmer	Ob. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote or foreign co	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
William H. Motter		Mary E. Knott	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (It yes, give wor or dates of service)		NFORMANT arence J. Motter, '	Address Paneytown, Md. R.D.
200. ACCIDENT WAS UNDERLYING 200. IT CONTRIBUTING 2AUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20c. Hour o.m. 19 of 1	Denotation Contributing to Death But in Jury Occurred In Indian Indian In Indian	ACE OF INJURY (Home, form, loft) (City street, office bldg., etc.) 1927, ta 6/2/ occurred at 7102 M, from	CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO PORT II OF ITEM 18.)
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O		ION (City, town, or county) (State)
Burail 6/24/58	Mt. View Ceme		sburg, Maryland
23. FUNDER'S DIRECTOR'S SIGNATURE Just		24o. REC'D BY REGIST	RAR 24b. REGISTRAR'S SIGNATURE
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VS A15 (4) 15M 10/57

MARYLAND	STATE DEPAR	RTMENT OF	HEALTH-BAI	LTIMORE, 1	8

6716 CERTIFICATE OF DEATH

Reg. Dist. No. 06708

1. PLACE OF DEATH o. COUNTY Ca	rroll		MARYL	AND	2. USUAL RESIDENCE (Who o. STATE Mary	ere deceased land	lived. If institutio b. COUNTY		o Cit	
b. CITY OR TOWN (I RURAL and give no Sykesvil			c. LENGTH OF STAY IN		c. CITY OR TOWN (If or	imore		JRAL ond g		lown)
OR INSTITUTION	AL (If not in hospital, gi eld State H	100			d. STREET ADDRESS	mla St	reet		OI	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	Fin Cat	heri	Middle ne		Niewierowski	4. DATE OF DEATH	Mont June		20,	Yeor 19 58
5. SEX Female	White	WIDOWE			B. DATE OF BIRTH Unknown		60 ? yrs.		Days Hou	NDER 24 HRS. Urs Min.
10a. USUAL OCCUPATIOn during most of work Housewif	ing life, even it refired)	one 10b.	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPLACE (Stole of Poland	or foreign co	untry)		ZEN OF WI	HAT COUNTRY
13. FATHER'S NAME Unicacum	- John Scl	nab			14. MOTHER'S MAIDEN N		Agnes Ku	rgan		
15. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FORG		SOCIAL SECURITY NO.	17. IN	Springfield	Hospit	al Recor			
PART I. DEA 175.0 Conditions, if or gove rise to it couse (o), stoting lying couse lost.	the under-	P	apillary ad met	ast	carcinoma of				Mon	
3 Schizophr	enic reacti	lon,	hebephrenic	ty	NOT RELATED TO THE TERMIT O (Enter nature of injury in P			EN IN PART	PE	AS AUTOPSY REFORMED?
OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	r 20d. IN		Oe. PLA	CE OF INJURY (Home, farm, lary, street, office bldg., etc.)	20f. (City		(C	ounty)	(Stote)
actual signature Physician's		19.5	8, and that d	death	0, 1954 to Jun occurred at 5:25A A.D. Springfiel Sykesville	M, fram ADDRESS (SIR Ld Hosp	the causes ar	nd on th		DATE SIGNED
220. BURIAL, CREMATIO REMOVAL (Specify) BUTIAL	June 24.		27c. NAME OF CEMET				ON (City, town, or Dundalk	Ave ,	Balto.	Stote)
23. FUNEFAL DIRECTOR'S		er	ADDRESS 705 8 A	m	24a. REC'D DATE	2 gas	AR PAGES	TRAR'S SIG	NATURE	

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Certificate be execute

the registrar within 72 hours after death. After this in by the funeral director, the fhird copy of this

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with

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The botton

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06709

CERTIFICATE OF DEATH 6621

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1. PLACE OF	DEATH			2. USUAL RESI	DENCE (HOME) OF DECE	ASED	
COUNTY	Carroll		MARYLAND	STATE Mary	rland (COUNTY Ba	ltimo	99
CITY (If outsi	da corporata limits, write Rl	URAL	LENGTH OF STAY	CITY (If outside	corporate limits, write			
OR end giv TOWN	Westminst	er .	(in this place) 18 months	OR TOWN	Reisters	town	03 X	. 2.
HOSPITAL OR				STREET		(If rurel give loca		-
	Tordan Co				Deer Parl	k Road		
3. NAME OF DECEASED	(First)		ddla)	(Last)	4. DAT	FE (Month)	(Dey)	(Yaar)
(Type or Print)	Nancy	Hanl	k Ow	ings	DEA	тнЈипе	23	1,58
5. SEX	6. COLOR OR 7.	SINGLE, MARRIED, WIDOWED, DLYOR (Specify) 1 Q O	8. DATE	OF BIRTH	9. AGE last b	irthdey IF U	INDER 1 YEAR	IF UNDER 24
F					65	yrs. Mon	ths Days	Hours A
10a. USUAL OCCUP	ATION (Give kind of world of world of working life, even if	k 10b. KIND (OF BUSINESS DUSTRY	11. BIRTHPLACE (Stete or	r foreign country)			N OF WHAT
	ousewife	0.11	-	Marylan	nd		2001	USA
13. FATHER'S NAM				14. MOTHER'S MAIL			1	
3	John W Shi	pley		Cathe	rine Yo	x		
	D EVER IN U. S. ARMED		OCIAL SECURITY NO.	17. INFORMANT				
(Yes, no, or unk.)	(If Yes, give wer or dates	of service)	_			D .		20
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	TO FUNERA RECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral di	TO FUNERA RECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral diagramment page 3 shafuld be detached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 shauld be filed to the content of the pages 1 and 2 shauld be filed to the content of the

MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
6717	CERTIFICATE OF DEATH	Re

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Reg. Dist.	N.	U	6	1	U

	roll		MARYL	AND		land	b. COUNTY	Frede	rick	
b. CITY OR TOWN (If RURAL and give new Sykesvill		s, write	42yrs. 3mos	1	c. CITY OR TOWN (I	f outside corp lerick		URAL and g	give nearest	t fown)
d. NAME OF HOSPITA OR INSTITUTION Springfie	AL (If not in hospital, g	ospit	tel		d. STREET ADDRESS None					S RESIDENCE ON A FARM? ES NO
3. NAME OF DECEASED (Type or print)	Fire E1	sie	Middle V .	R	AMSBURG	4. DATE OF DEATH	June		6,	Year 19 58
5. SEX Female	6. COLOR OR RACE White	7. MARR	D DIVORCED		DATE OF BIRTH		9. AGE (In years lost birthdoy) 72 yrs.			UNDER 24 HRS. ours Min.
10a. USUAL OCCUPATIO during most of worki Housewif	ng life, even if retired)	lane 10b.	KIND OF BUSINESS OR	INDUST	RY 11. BIRTHPLACE (Sto		country)	12. CIT	U.S.	VHAT COUNTRY
13. FATHER'S NAME			17 7 7 7 7 7	100	14. MOTHER'S MAIDEN	NAME				
Howard F	Ramsburg				- Lig	htner				
15. WAS DECEASED EVER			SOCIAL SECURITY NO.	17. IN	ORMANT		Add	ress		
(Yes no. or unknown) (I	t yes, give wor or dates of se	rvice)	-		Springfie	ald Hos	pital Re	cords		
Conditions, if on gove rise to in couse (o), stating t lying couse last. Part II. OTH Mental (OR CONTRIBUTING (IF EITHER, NOTIFY)	H WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO y. which he under: CER SIGNIFICANT CONI DETO COLOR SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	Ar DITIONS C und	ONTRIBUTING TO DEAT ifferentiat TRIBE HOW INJURY OC	TH BUT N	OT RELATED TO THE TER	MINAL DISEA	rt II of item 18.)		T 1(a) 19. V	PERFORMED?
20c. TIME OF INJURY Hour a. m. p. m.	Manth, Day, Yea	While	IJURY OCCURRED Not while of work	facto	CE OF INJURY (Hame, fa try, street, affice bldg., e	etc.)			County)	(State)
actual SIGNATURE PHYSICIAN'S	et lattended the ne 6,	-, 19.5. Le	and that a	death a	occurred at 11:5	ADDRESS (m the causes of treet, city or town, Hospital	and an th	last saw he date :	the decease stated above DATE SIGNE /7/58
220. BURIAL, CREMATION REMOVAL (Specify)			22c, NAME OF CEMET	TERY OR			ATION (City, town,	ar county)	1	(State)
23. FUNERAL DIRECTOR'S	SIGNATURE BOYLES	1	ADDRESS Valle	nes	240. RE LECE DATE	C'D BY REGIS	TRAR 24b. REG	SIRARS SIC	SNATURE	ng.

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U :	110	CERTIFIC	SAIL O	DEATI			Rog. Dist. 1	No.	
1. PLACE OF DEATH o. COUNTY Carroll		MARYLANI	a STAT	RESIDENCE (WH	ere deceased live	ed. If institution b. COUNTY	Residence b		ion)
b. CITY OR TOWN (If outside corporate RURAL and give nearest town) Sykesville	limits, write	c. LENGTH OF STAY IN 10		OR TOWN (IF o	nster	limits, write RUF	RAL and give	nearest town	1)
d. NAME OF HOSPITAL (If not in hospite Springfield State	Hospi	oddress)	d. STRI	334 E.	Main S	t.			FARM?
3. NAME OF DECEASED (Type or print)	First eorge	Middle RF	YNOLDS,	lost Sr.	4. DATE OF DEATH	Month June	21		Year 19 58
Male White	WIDOW		June	14, 186	7	birthdoy) yrs.	Months Day		Min.
100. USUAL OCCUPATION (Give kind of wo during most of working life, even if reti Retail salesman	rk done 10b. red)	KIND OF BUSINESS OR IN		THPLACE (State aryland		(1)		OF WHAT	COUNTRY
13. FATHER'S NAME Lewis F. Reynolds				nnie Wh					
15. WAS DECEASED EVER IN U. S. ARMED I (Yes, no, or unknown) (If yes, give wor or dates		SOCIAL SECURITY NO. 17	Spring	field H	ospital	Records			
18. CAUSE OF DEATH [Enter only one PART I. DEATH WAS CAUSED BIMMEDIATE CAUS	Y: (o) Ar 10	terioscleroti			е		C	TERVAL BE	DEATH
Canditions, if ony, which gave rise to immediate couse (o), stoling the <u>under-lying couse last.</u> DUE PART II. OTHER SIGNIFICANT CO. PART II. OTHER SIGNIFICANT CO.	TO (c)	neralized art			NAL DISEASE CO	ONDITION GIVEN	N IN PART I(o	19. WAS PERFO	AUTOPSY DRMED?
C. B.S. SSOC. WITH 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	20b. DES	CRIBE HOW INJURY OCCUR	RED. (Enter nati	ure of injury in F	Part I or Part II a	of item 18.)		↑ AF2 ☐	NO E
20c. TIME OF INJURY Month, Day, Hour o. m. p. m.	While			JRY (Home, farm office bldg., etc.	20f. (City or I	lown)	(Coun	ly)	(State)
21. I certify that I attended to alive on June 23. ACTUAL SIGNATURE PHYSICIAN'S Agustin	i 0	sed from August 58, and that decle Carry 100, M.D.	ath accurred	or4:00A		ne causes an , city or town, sta ital	d an the	date state	
220. BURIAL CREMATION, 22b. DATE THE REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE		22c. NAME OF CEMETERY METHODIS ADDRESS		RY	22d. LOCATION	STON		(Stote	
DD Hartsler V&	oue,	New Wine	dear	240. REC	UN REGISTRAS	"W	RÁR'S SIGNÁ	h	

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 the funeral director, should be filed with RECTOR: After this certificate has been signed by the attending physician and campletely filled in Then please remave carbon papers. Pages 1 priar to burial, cremation, ar remaval, and in any event within 72 hours after death. id be detached for use as the burial-transit permit. by the hospital ar attending physician. TO HOSPITAL TO FUNERAL the registra page 3 sha VS A1S (4) 1SM 10/S7

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		14	9617111		TE OF DEAT	• •		Reg. Di	st. No.	
1. PLACE OF DEATH o. COUNTY Cal	rroll		MARYL	LAND	2. USUAL RESIDENCE (Mar.	there decease	d lived. If instituti b. COUNTY		ce before d	
RURAL and give ne	outside corporate limit		ENGTH OF STAY I		c. CITY OR TOWN (IF	outside corpo	prote limits, write R	RURAL and	give neares	I town)
Rural - S	ykesville	1 4	yrs.10mos	.14	las Hagerston	WIL		210	3.2	
OR INSTITUTION	AL (If not in hospital, gi		ess)		d. STREET ADDRESS			-571		S RESIDENCE
Springfiel	ld State Ho	spital			42 Broadw	ay				ES NO
3. NAME OF DECEASED	Firs		Middle		Last .	4. DATE OF	Mor	nth	Day	Year
(Type or print)	Geor		E.		ROULETTE	DEATH	June	8	11	19 58
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	DDB	B. DATE OF BIRTH		9. AGE (In years last birthday)	Months		UNDER 24 HRS.
male		WIDOWED			July 25, 188		, L yrs.	Monnis	Doys H	ours Min.
Oa. USUAL OCCUPATIO during most of work	N (Give kind of work ding life, even if retired)	lane 10b. KIND	OF BUSINESS OF	R INDUST	TRY 11. BIRTHPLACE (Stole	e ar foreign c	ountry)			VHAT COUNTRY
Salesman					Hagersto	wn, Ma	ryland	Uni	ited S	States
13. FATHER'S NAME		5513			14. MOTHER'S MAIDEN	NAME	931			
Joseph C.					Katie Up	degraf	f			
15. WAS DECEASED EVER	IN U. S. ARMED FORCE		IAL SECURITY NO.	17. IN	IFORMANT					Le, Md.
no		unl	known	Rec	cords of Spr	ingfie	ld State	Hosp	ital	
	W WAS CALISED BY		(o), (b), ond (c).]		art disease		mo	re th	ONSET	AL BETWEEN AND DEATH
PART 1. DEAT 420.0 Conditions, if on gove rise to in couse (a), stating t lying couse last.	TH WAS CAUSED BY: IMMEDIATE CAUSE (c) DUE TO Ty, which he under- (c)	rterio	scleroti	c he		AINIAI DISEAS			an 5	and DEATH years
PART 1. DEAT 420.0 Conditions, if on gove rise to in couse (a), stating t lying couse last.	TH WAS CAUSED BY: IMMEDIATE CAUSE (c) DUE TO Ty, which he under (c) ER SIGNIFICANT CONE	ottons cont	sclerotic	th BUT N	art disease NOT RELATED TO THE TERM				ONSET 1 (0) 19. 1	and DEATH years
Conditions, if on gove rise to in couse (a), stating t lying couse last. PART II. OTH Alcoholic 20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	TH WAS CAUSED BY: IMMEDIATE CAUSE (d) DUE TO Ty, which he under ER SIGNIFICANT COND Ty psychosis	pitions cont	RIBUTING TO DEA	th But h	NOT RELATED TO THE TERA	ation	E CONDITION GIV		ONSET 1 (0) 19. 1	AND DEATH YEARS WAS AUTOPSY ERFORMED?
Conditions, if on gove rise to in couse (a), stating t lying couse last. PART II. OTH Alcoholic	TH WAS CAUSED BY: IMMEDIATE CAUSE (d) DUE TO IV, which he under: C PSYCHOS IS S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	orterio	RIBUTING TO DEA ession, C HOW INJURY OC	TH BUT NOT GAT	NOT RELATED TO THE TERM	Part I or Por	E CONDITION GIV	VEN IN PAR	ONSET 1 (0) 19. 1	AND DEATH YEARS WAS AUTOPSY ERFORMED?
PART I. DEAT 420. O Conditions, if on gove rise to in couse (a), stating t lying couse lost. PART II. OTH Alcoholic 20a. Accident wa. OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJURY Hour o. m. p. m. 21. I certify the olive on June ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	TH WAS CAUSED BY: IMMEDIATE CAUSE (d) DUE TO TO, which he under: C PS YCHOS IS S UNDERLYING O C AUSE OF DEATH MEDICAL EXAMINER) Month, Day, Yea To I oftended the C II	DITIONS CONT , depre 200. DESCRIBE 1 20d. INJURY White of work 11 deceased f 19 58	RIBUTING TO DEA PSSION, CO HOW INJURY OCCURRED Not while of work	TH BUT N Organ CCURRED. 20e. PLAI focts death	NOT RELATED TO THE TERM nic deterior (Enter noture of injury in CE OF INJURY (Home, for ory, street, office bldg., et , 1955, to J accurred of 11:14	m, 20f. (Cinc.) una 11 Of M, from Address (Sield Sield Sie	or town) 19 5: The course of treet, city or town, tate Hose	Q, that I and an the state)	T 1(o) 19. y	WAS AUTOPSY PERFORMED? (State)
PART I. DEAT 14 20. Conditions, if on gove rise to in couse (a), stating t lying couse lost. PART II. OTH Alcoholic 20a. ACCIDENT WAND OR CONTRIBUTING (IF EITHER, NOTIFY) Hour o. m. p. m. 21. I certify the olive on June ACTUAL SIGNATURE PHYSICIAN'S	TH WAS CAUSED BY: IMMEDIATE CAUSE (d) DUE TO TO, which he under: C PS YCHOS IS S UNDERLYING O C AUSE OF DEATH MEDICAL EXAMINER) Month, Day, Yea To I oftended the C II	DITIONS CONT , depre 200. DESCRIBE 1 20d. INJURY White of work 11 deceased f 19 58	RIBUTING TO DEA PESSION, C HOW INJURY OC Y OCCURRED Not while of work Ond that	TH BUT N Organ CCURRED. 20e. PLAI focts death	NOT RELATED TO THE TERM nic deterior (Enter noture of injury in CE OF INJURY (Home, for ory, street, office bldg., et , 1955, to J accurred of 11:14	m, 20f. (Cinc.) una 11 Of M, from Address (Sield Sield Sie	t II of item 18.) y ar town) 19.5 m the couses of treet, city or town, tate Hos	Q, that I and an the state)	T 1(o) 19. y	WAS AUTOPSY ERFORMED? (Stote) the decease stoted above DATE SIGNE

the funeral director. 2 should be filed with 8 TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

may be retailed by the hospital or attending physician.

D FUNERA

RECTOR: After this certificate has been signed by the attending physician and completely filled in page 3 sheald be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 or the registral prior to burial, cremation, ar remaval, and in any event within 72 haws-ofter death.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6720 CERTIFICATE OF DEATH

Reg. Dist. No. 06713

-		Reg. Dist.	140,
1.	1. PLACE OF DEATH O. COUNTY CHARACTER MARYLAND 2. USUAL RESIDENCE (Where second maryland and maryland maryland)	// h COLINITY //)	before admission)
	b. CITY OR TOWN (If outside carporote limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate constitution of the constitution	popule limits, write RURAL and give	nearest fown)
ò	d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION LOUGH HOSPITAL (If not in hospital, give street address) Description A. STREET ADDRESS Music	At.	e. IS RESIDENCE ON A FARM? YES NO
3.	3. NAME OF DECEASED POR BERT - W-ROYSTON 4. DATE OF DEAT	11 2 0 0	5 - Year 19-58
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED May 31-1875	AGE (In years IF UNDER 1 Y Months Do	PAR IF UNDER 24 HRS. Hours Min.
10	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. FIRTHPLACE (Stote or foreign during most at working life reven if retired) Hause Multiple	ecuntry) 12. CITIZE	S A
13	Edward Royston 14 MOTHER'S MAIDEN NAME Mary Me	activi	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT (1915, no. or unknown) 1919, ave wer or dops of service) ND Clurall Wiley stor	- Demphell 13	ala Bulto
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a), Concluded The country of the	us !	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which) (b) auternovelente / flan	+ Direce	5 yes
	gave rise to immediate couse (a), stating the <u>under-lying couse last.</u> DUE TO (c)		
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISE.	ASE CONDITION GIVEN IN PART 1	(o) 19. WAS AUTOPSY PERFORMED? YES NO
		ort II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. 19 Of work of work 19 of work 19 Octobry, street, office bldg., etc.)	ity or town) (Cou	nty) (Stote)
	21. I certify that I attended the deceased from June 6, 1953, to work a live on June 25, 1958, and that death accurred at 1959. M, from the control of the c	25 , 1952 , that I las	it saw the deceased
		(Street, city or town, state)	DATE SIGNED
	PHYSICIAN'S W. HFOAT d.D. MANChe:	terud.	
0	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOC Bremoval (Specify) 6-29-58 Gruce Wethodist B	ATION (City, town, or county)	Stote)
23	23 CHINERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS DATE JUN 3 8	150 610	ATURE

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MARYLAND	STATE	DEPARTMENT	OF HEALTH	H-BALTIMORE,	1

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721	CER	TIFICATI	E OF	DEATH

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		<u> </u>			wed, mint	0.
1. PLACE OF DEATH o. COUNTY CE	arroll	MARYLAND		there deceased lived. If institut b. COUNTY	ion: Residence bel	
b. CITY OR TOWN (RURAL and give n Finks)		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	oulside corporate limits, write l	RURAL and give n	earest town)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give estminster		d. STREET ADDRESS Old Wes	tminster Ros	ıd	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Edwin	Middle	Rucker	4. DATE Mor OF DEATH June 6	_	Day Year
5. SEX Male	1200 A 4	MARRIED NEVER MARRIED DOWED DIVORCED	B. DATE OF BIRTH Dec.8,1878	9. AGE (In years lost birthdoy) 79 yrs.	Months Doys	Hours Min.
Retired	ON (Give kind of work done king life, even if retired) 1 from Army	10b. KIND OF BUSINESS OR IND	Virgin:	or foreign country)	12. CITIZEN	OF WHAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDEN			
Paul	Rucker		Blanch	e Higginbott	am	
15. WAS DECEASED EVE [Yes, no. or unknown] Yes	Spainish American		Mrs.Elsie B	.Rucker,Fink	sburg,	Md.
Conditions, if a gove rise to i cause (o), stating lying couse lost.	mmediate the under-	Myre Te	curou	a chron	7 7	NSET AND DEATH
ICATI		ONS CONTRIBUTING TO DEATH BY			VEN IN PART 1(0)	PERFORMED? YES NO
	MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCUR				
20c. TIME OF INJUF Hour o. m. p. m.	10	20d, INJURY OCCURRED 20e. I While Nat white of work of otwork	PLACE OF INJURY (Home, forn factory, street, office bldg., etc	n, 20f. (City or town)	(County	r) (Slote)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Typp)	and I attended the de	ond that pleat	th accurred at 5	M, from the causes of ADDRESS (Sireel, city or town.	and an the destates	DATE SIGNED 6-2-57
Burial (Specify)			Memorial Ga	22d. LOCATION (City, fown, ardens, Finks	burg Mc	
23. FUNERAL DIRECTOR		ADDRESS	24a. REC		STRAR'S SIGNATE	/
O or or	THE & POUR	,Reisterstown	-MC - DATE	MIN 1 0 '58 L P	Red o Rai	1/4

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CHARLES

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	672	3	CERTIFI	CATE OF	DEATI		IIMOKE, I	Reg. Dist.	No. ()	6716
1. PLACE OF DEATH o. COUNTY	rroll		MARYLAN	II O STATE		here deceased	l lived. If institution b. COUNTY	n: Residence		missian)
Sykesvi	lle		37yrs.10mos			outside corpor	rate limits, write RU	RAL and giv		rawn)
d. NAME OF HOS OF INSTITUTION Springs	ield State	Hospi	tal	d. STREET	ADDRESS 231	7 Call	ow Ave.		0	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)		uis		AMUELSON	Last	4. DATE OF DEATH	June		Day	Year 1958
5. SEX Male	6. COLOR OR RACE White	7. MARR	ED NEVER MARRIED DIVORCED		ber 8,	1899		7	PEAR IF U	NDER 24 HRS.
10a. USUAL OCCUPA during most of w None	TION (Give kind of wark orking life, even if retired	dane 10b.	KIND OF BUSINESS OR IN		PLACE (State		ountry)		N OF W	HAT COUNTR
13. FATHER'S NAME Myer Sa	muelson				ena Fle		an			
1S. WAS DECEASEDE (Yes. no. or unknown)	VER IN U. S. ARMED FOR [If yes, give wor or dates of s		SOCIAL SECURITY NO. 1	7. INFORMANT Springf:	ield H	ospita	Addre 1 Records			
PART I. D	EATH [Enter only one co EATH WAS CAUSED BY: IMMEDIATE CAUSE (o		ne for (o), (b), and (c).] ulmonary emb	olism					INTERVAL ONSET A	L BETWEEN ND DEATH
Conditions, if gove rise to cause (a), statin	immediate (2	hrombophlebi						Days	
PART II. C	THER SIGNIFICANT CON	DITIONS C	heumatic val	BUT NOT RELATED		INAL DISEASE	CONDITION GIVE	N IN PART I	PE	AS AUTOPSY REORMED?
200 ACCIDENT	VAS UNDERLYING IG CAUSE OF DEATH FY MEDICAL EXAMINER)		CRIBE HOW INJURY OCCU		af injury in	Port I or Part	II of item 18.)		YES	□ NO 🗷
20c. TIME OF INJU	URY Month, Day, Yes	While	NJURY OCCURRED 20e	PLACE OF INJURY factory, street, of	l Home, farm fice bldg., etc	n, 20f. (City	ar town)	(Cou	unty)	(State)
21. I certify alive an Ju			ed from March 7	ath accurred o	1 8:45/	me 3,	1958 the causes ar	,that I la	st saw t	he decease
ACTUAL SIGNATURE	patri	de	Campe	M.D. Spri			te Hospit	,	6	/3/58
PHYSICIAN'S NAME (Type)	Agustin de				cesvil]					
Duries	16-4-1	958	22c. NAME OF CEMETER	Lery Permatory	Ceve	22d. LOCAT	19N (City, tawn, ar	me	/ .	State)
23. FUNERAL DIRECTO	ers signature	210	Ecelaw O	Jace	24g. REC'	D BY REGIST	RAR 24b REGIST	RAR'S SIGN	ATURE	

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE

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HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be recovered to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained or your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Goard of Health, or its designated agent, prior to burial, cremation, or removal, and in any eventually hours ofter death. N

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VS. ATSME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6725 MEDICAL EXAMINER'S CERTIFICATE OF DEATH R

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eg.	Disl.	No.	U	U	-	A.	0

1. PLACE OF DI	Carroll		MARYL	AND	2. USUAL RESIDENCE o. STATE Ma	E (Where decear	b. COUNT	Υ _	nce before a	dmission)
and give ne	OWN (If outside corporate limits, we carest town) esville	ite RURAL	c. LENGTH OF STAY II			(If outside cor	porgte limits, write		A COLUMN TO SERVICE AND ADDRESS OF THE PARTY	l lown)
	HOSPITAL OR INSTITUTION ingfield State)	Springf		ate Hosp:	ital	- (S RESIDENCE ON A FARM? NO
3. NAME OF DECEASED (Type or prin	3.5	irst Ty	Middle Elizabet	th	Schutz	4. DATE OF DEATH	June	h	Day 16,	Yeor 1958
5. SEX Femal	e White	WIDOWED			January 3,	1906	9. AGE (in years lost bushday) 52 yrs.	Months	TYEAR IF U	NDER 24 HRS.
	CUPATION (Give kind of work of working life, even if retired dependent of the control of the con	done 10b. KI	ND OF BUSINESS OR II pr ingfield	Hos	11. BIRTHPLACE (S	tote or foreign of aryland	ountry)	12. CITI	U.S.	AT COUNTRY?
13. FATHER'S N	AME				14. MOTHER'S MAIDE					
	ry G. Wolf					llen Wo				
{Yee, no, as unknown	ASED EVER IN U. S. ARMED FO	of service)	-1 1		ORMANT	Waani ta	Address			
No			16-30-0361) Sp.	ringfield	nospita	rerson	ner re		
111111111111111111111111111111111111111	OF DEATH [Enter only one co I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0-	or (o), (b), and (c).	lusi	on				INTERVAL BI	utes
11.20	DUE TO			2455	02.0					4000
Condition	, if any, which))								
(a), stating	o immediate cause DUE TO									
couse lost		c)	Transition of the state		P DELAYED VA WIN WE					
ST CATE	I II, OTHER SIGNIFICANT CO							VEN IN PARI		RFORMED?
	NAL CAUSE WAS or CONTRIBUTING DEATH.	20b. DESCRIBE	HOW INJURY OCCUR	RED. (Ent	er noture of injury in	Port I or Part II	of item 18.)			4
20c. TIME O	OF INJURY Month, Day, You m. p. m. 15	While	Not while		OF INJURY (Home, to street, office bldg.,		or town)	(Cou	nty}	(State)
21. I cer	tify that I took charg	e of the re	emains described	obov	e, held an Auto	psy [], I	nspection 🔼	Inquir	у 🔀 ,	ond in my
opinion	deoth resulted from:	Noturol co	ouses K. Accid	ent _	, Suicide ,	Homicide	, Undele	ermined n	nanner [
ACTUAL SIGNATUR	· James	J.	Mero	ch	M.D. CHIEF MEDICA	L EXAMINER			DA	TE SIGNED
EXAMINED NAME (Ty)		Marsh,	M.D.			DICAL EXAMINE CAL EXAMINER [200		6,	/16/58
220. BURIAL, CE			72c. NAME OF CEMETE	RY OR C	REMATORY	22d. LOCA	TION (City, town,	or county)	(5	itate)
Buria	June 19,	1958	Parkw	rood	240 8	EC'D BY REGIS	Baltimore	STRAR'S SIG	Md.	
23. FUNERAL DI	RECIOR 3 SIGNATURE		VDOKE33		240.	TE D BI KER12	MAR JAND, REGI	DIENE 2 210	INATURE	

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6730 **CERTIFICATE OF DEATH** 06722

Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY Carroll MARYLAND Maryland Frederick b. CITY OR TOWN (If outside corporate fimits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville 23vrs.lmos.16days Thurmont 10 X d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS OR INSTITUTION ON A FARM? Springfield State Hospital None YES NO 4. DATE Middle Month DECEASED OF DEATH Boller Stimmel June Morris (Type or print) 19 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 9. AGE (In years lost birthdoy) 5. SEX B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS White Months Days April 3, 1893 Male DIVORCED [WIDOWED | 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Maryland Huckster 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary C. E. Boller William H. Stimmel 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address Springfield Hospital Records No 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute coronary thrombosis IMMEDIATE CAUSE (o) Hours **DUE TO** Arteriosclerotic heart disease Years Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the under-Generalized arteriosclerosis Years lying couse lost. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY Schizophrenia, paranoid type. PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) While Not while of work of work June 21. I certify that I attended the deceased from March 1958 that I last saw the deceased , and that death occurred at 7:10AM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL Springfield State Hospital SIGNATUR Agustin delCampo. M.D Sykesville, Maryland 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Blue Ridge Cem. Thurmont, Marvland 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Raymond E. Creager Thurment, Md.

JUN 1 6 '58

DATE

page 0 VS A15 (4) 15M 10/57

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6731 CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) b. COUNTY Carrol c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO Month June 19 IF UNDER 1 YEAR IF UNDER 24 HRS. Days Months Hours 12. CITIZEN OF WHAT COUNTRY? USA Address R.L. Stone, Union Bridge, Md. INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO (County) (State) 1958 that I last saw the deceased ADDRESS (Street, city or town, state) 22d. LOCATION (City, town, or county) (Stote)

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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VS. A15ME 5M 2/57

FOR STATE HEALTH DEP rg! director. Page for your files. Board of Heolth, TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If ony delay is execute the certificate, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the fig. 4 should, forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be refug. TO FUNEK. A. DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State or its designated agent, prior to burial, cremotion, or removal, and in any event within 72 hours ofter death.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6732 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06724 Reg. Dist. No

1.	o. COUNTY Carro	11	MARYLAI	O. STATE . c	CE (Where deceased yland	lived. If institu			ission)
	and give nearest lawn)	Westminster	c. LENGTH OF STAY IN		/N (If outside corpor			neoresi to	wn)
		or institution (if not er, Md. R. I	in haspital, give street address) 1	d. STREET ADDRI				ON	A FARM?
1	NAME OF DECEASED (Type or print)	Ottis First	Paul St	conesifer	4. DATE OF DEATH	Month	6/3/58		eor
	sex Male	7.77. * A	MARRIED NEVER MARRIED O	8. DATE OF BIRTH 11/9/1902	9.	AGE (In years last birthday) 55 yrs.	Months Days	Hours	ER 24 HRS. Min.
100	during most of working	life, even if retired)	106. KIND OF BUSINESS OR IND Farm & Saw Mill		State or foreign court		12. CITIZEN C		COUNTRY
13.	Raymond T	C. Stonesifer		14. MOTHER'S MAID	ca Amspacl				
15. Yes		IN U. S. ARMED FORCES? f yes, give war or dates of service	215-14-2661	Clintoh E.		Addresk	inster,	Md.	R.D.1
	PART I, DEATH	WAS CAUSED BY: AMEDIATE CAUSE (0) DUE TO , which to couse	r lip for (o). (b). ond (c).]	seulos	dis	laxi	INT. ON	ERVAL BETWIE	EN LTH
CATION			NS CONTRIBUTING TO DEATH BE	UT NOT RELATED TO THE T	TERMINAL DISEASE C	CONDITION GIV	EN IN PART 1(o)		AUTOPSY RMED?
CERTIFI	20g. EXTERNAL CAUS PRIMARY OF CONT CAUSE OF DEATH.	E WAS RIBUTING () 20b. DE	SCRIBE HOW INJURY OCCURRED). (Enter noture of injury in	n Port I or Part II of	item 18.)			/ \
MEDICAL	20c. TIME OF INJURY Hour e. m. p. m.	Month, Doy, Year	20d. INJURY OCCURRED 20e. While Not while of work at work	PLACE OF INJURY (Home, foctory, street, office bldg.	form. 20f. (City or	r town)	(County)		(Slole)
		t I took chorge of willed from: Natu	the remoins described of ral causes Accider	t, Suicide		pection , Undete	Inquiry rmined mann	-	d in my
	EXAMINER'S NAME (Type)	AMES T.	MARSH	DEPUTY MEDI	EDICAL EXAMINER		6	13	8-5
	REMOVAL (Specify) Burial	6/6/58	St. Marys (Silver		carroll (
13.	FUNERAL DIRECTOR'S	Tittlo	Littlestown. I		REC'D BY REGISTRA	24b. REGIS	STRAR'S SIGNATU	JRE .	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6733 CERTIFICATE OF DEATH

Reg. Dist. No. 06725

1. PLACE OF DEATH o. COUNTY			AAA	YLAND	o. STATE	DENCE (Wh	ere deceased	lived. If instituti	on: Resider	nce before	odmiss	ion)
Car	roll f outside corporate limi	40				Mary			Carr			
RURAL ond give no	arest town)	is, write	c. LENGTH OF STA	Y IN ID	c. CITY OR	TOWN (If o	utside corpor	ote limits, write R	URAL ond	give neare	est town)
Rural	Taneytown)	Rural	Tane	evtown					
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospitot, ç	ive street	oddress)		d. STREET A	DDRESS						DENCE FARM? NO
3. NAME OF DECEASED	Fir	st	Middl	e	Los	t	4. DATE	Mon	th	Day	١	rear_
(Type or print)	G.	Z:	ieber	St	sultz.		DEATH	June 30	. 195	8	1	9
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARR	RIED B.	DATE OF BIRTI	Н		9. AGE (In years	IF UNDER		FUNDE	R 24 HRS.
Male	White	WIDOWE		ED []	anuarv	0 75	ddo	lost birthday)	Months	Doys	Hours	Min.
10a. USUAL OCCUPATIO		ione 10b.	KIND OF BUSINESS	OR INDUSTR	Y 11. BIRTHPL	ACE (Stote	or foreign co		12. CI1	IZEN OF	WHAT	COUNTRY?
Farmer	ing ine, even it reffred		wn farm		Mary	Tand				II C	A	
13. FATHER'S NAME					14. MOTHER'S		IAME			00000	C+ 0	
John	T. Stultz			0000	יים דיים	- 3/	D. 3.3					
15. WAS DECEASED EVE		CES? 16.	SOCIAL SECURITY NO	O. 17. INFO	DRMANT	a mae	Ridin	Add	2011		_	
1.0	If yes, give war or dates of s			70	T . 1 3	er of t	7.4		14.7	-	5	
10 CAUSE OF DEA	TH [Enter only one co		one		John 1	k. Sti	ILTZ,	l'aney tow	n, luc	. R.	. U.	
	TH WAS CAUSED BY:	use per iir	ie for (o), (o), and (c	J·]		,	,				VAL BET	
	IMMEDIATE CAUSE (o		orovia	84	Occ.	45	10V	7			man, and	
420.0	DUE TO			1			5					
Conditions, if a	ny, which) (b	Co	romar	4 0	scle	r03	15			2	47	5
couse (o), sloting				1,		- 1				10	1	
lying couse lost.) (c	HYI	erios	cleri	0/10	He	orl	Dise	256	2	- 4:	25
PART II. OTH	IER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DI	EATH BUT NO	OT RELATED TO	THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PAR	T 1(o) 19.	WAS A	UTOPSY
3	Hear	7	Faille	re						Y	PERFOI	NO 2
PART II. OTH	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY	OCCURRED. (Enter noture of	f injury in P	ort I or Port	II of item 18.)		900		
	Y Month, Day, Yes	r 20d IN	JURY OCCURRED	20e. PLACE	OF INJURY (I	Home form	206 (City	os town)		Caustil		(CA=A=1)
20c. TIME OF INJUR Hour o. fr. p. m.	19	While of work	Not while	foctor	y, street, office	bldg., etc.))	or rown,	,	County)		(Stote)
21. I certify th	at I attended the	decease	ed from De	C	1956	to Ju	we 3	0 10 57	Sthat I	last saw	the	dacaasad
alive on Tu	1	19 4	8, and tha									
			4	, acam o				eet, city or town.		ne date		TE SIGNED
ACTUAL SIGNATURE	amble	ese	Thomas	Zellem.o	To	ane	-To	wh	Me	1.	6/3	30/59
PHYSICIAN'S NAME (Type)	E. A. Thon	pson	V				1					
220. BURIAL, CREMATIO	N, 226. DATE THEREO	F	22c. NAME OF CEA	AETERY OR C	REMATORY		22d. LOCATI	ON (City, town, c	or county)		(Stote	1
Burial (Specify)	July 2, 1	958	Reformed	Cemete	ry	45 Fu		town, ma		nd	(SIOIE	
23. FUNERAL DIRECTOR	SIGNATURE	,)	ADDRESS			24g, REC'D	BY REGISTR		-			
C.O.Fuss	Son Tus	Tane	ytown, Mar	wland		DATE JU		- 1 ()	1	-1		
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6735 CERTIFICATE OF DEATH

Reg. Dist. No. 06727

1. PLACE OF DEATH o. COUNTY	Carroll	Tte	MARYL	AND	2. USUAL RESIDENCE O. STATE MAS	E (Where deceasery land			e before adm	
b. CITY OR TOWN (RURAL and give a Sykes V1	If outside corporate limi egrest town)		c. LENGTH OF STAY II				orote limits, write R		ive nearest to	wn)
OR INSTITUTION	TAL (If not in hospital, g				d. STREET ADDRE		e.Balto 1		e. IS R ON	A FARM?
3. NAME OF DECEASED (Type or print)	Robe	rt	Middle Gardn		Weber	4. DATE OF DEATH	Mon 6	th —	8 -	Year 19 58
S. SEX Male	6. COLOR OR RACE White	7. MARRIE	DIVORCED		9-17-85		9. AGE (In years lost birthdoy) 72 yrs.		YEAR IF UN Doys Hour	1
10a. USUAL OCCUPATE during most of wor Clerical 13. FATHER'S NAME	ON (Give kind of work of king life, even if retired) (BOOKKEEDE		Meat Deal		Marylai 14. MOTHER'S MAII	nd	country)	U.S		AT COUNTRY?
Fra	nk J.Weber					zedek	Annie Ell	iott		
1S. WAS DECEASED EVE (Yes, no. or unknown)	ER IN U. S. ARMED FOR (If yes, give wer or dates of se		OCIAL SECURITY NO.		FORMANT Sospital re	ecords	Addı	ess		1
Conditions, if of gove rise to couse (o), stoting lying couse lost.	the under-	R:	ronchopneur ight sided almonary to	hea	rt failure	ith cavi			day:	D DEATH
5 with paye	Hersignicant con botic react	ion.	491%					rebye		S AUTOPSY FORMED?
-	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Doy, Yeo		Not while of work	20e. PLA	CE OF INJURY (Home ory, street, office bldg	e, form, 20f. (Cit g., etc.)	ly or lown)		ounty)	(State)
actual signature	gustin del	19 5 Pel	Camp	Bo N	(.D	ADDRESS (m the couses of Street, city or town, te Heap1t	ind on th	e date sto	e deceased ted obove. DATE SIGNED —8—58
REMOVAL (Specify		F	22c. NAME OF CEMET				TION (City, town, o		(St	ote)
23. FUNERAL DIRECTOR	'S SIGNATURE CKNER & SON	S - B	alto. 17,	Md.	240.	REC'D BY REGIS	TRAR 246. REGIS	STRAR'S SIG	NATURE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the haspitol or attending physician.

TO FUNERALE RECTOR: After this certificate has been signed by the attending physician and campletely filled impage 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and the registror priar to burial, cremation, or remaval, and in day event within 72 hours offer death. VS A1S (4) 1SM 10/57

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1 6	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
***	6736 CERTIFICATE OF DEATH Reg. Dist. No. 06728
director, filled with	1. PLACE OF DEATH o. COUNTY CARROLL MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE OF ARROLL MARYLAND
be be	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) SYKES VILLE 1599 C. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) BALTIMORE 3 VO 1-44
urs ofter de (2 should	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION SPRINGFIELD S. H. 3 G20 W, GARRISONAN E. IS RESIDENCE ON A FARM? YES \(\sum NO \) NO \(\sum NO \) YES \(\sum NO \) NO \(\sum NO \) The sum of
filled,	3. NAME OF DECEASED (Type or print) SARAH & ON WEISSMAN 4. DATE Month Doy Year OF DEATH JUNE 28 1958
d within 2 pletely fill.	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yours lost bethday) Months Days Hours Min.
execute nd comp n paper death.	10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? AMERICANA - US
te be corbo or affer	13. FATHER'S NAME MAX WEISSMAN 14. MOTHER'S MAIDEN NAME JENNIE MILLER
certifico ng physic remove 72 hours	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT HOSPITAL IS RECORD
deoth offendin	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) CON GESTIVE HEART FAILURE NOVES
by the . Then . event	4341 DUE TO
signed k	Canditions, if any, which gave rise to immediate cause (a), stating the under-lying couse lost. (b) FEVER OF UNKNOWN ETIOLOGY DUE TO
low re been been transi	· (9
AN: The inding phicote hos he burion or removed.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES OR CONTRIBUTING COLUMN CONTRIBUTING COLUMN COLUMN COLUMN CONTRIBUTIONS CONTRIBU
HYSICI or attentis certification, motion,	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. ri. While Nat while of work
Abing Parity After the formiol, cre	21. I certify that I attended the deceased from 9-21-10, 19-42, to JUNE 28, 1956, that I last saw the deceased alive on JUNE 28, 1958, and that death occurred a PM, from the causes and on the date stated above.
ATTEN by the ECTOR: e detoc or to bu	ADDRESS (Street, city or town, stole) ACTUAL Ritar S. Rochn MD. Spring Field State Holp b-26-1
retained All Control of the Control	PHYSICIAN'S Rita S. GLHHN Sykerville, Mol
HOSPI moy be FUNER page 3 s	220, BURIAL, CREMATION, 22b. DATE THEREOF, PREMOVAL (Specify) 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county) (Stote)
VS A15 (4)	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6737 CERTIFICATE OF DEATH

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Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
o. STATE
b. COUNTY
CATTOLI PLACE OF DEATH .. SWE mary Land o. COUNTY MARYLAND Carroll b. CITY OR TOWN (If outside corporale limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) Rural Ridgeville Ridgeville, Vr. d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION Rt. ON A FARM #4 Mt. Rt. Mt. Airy, Maryland YES NOF NAME OF Middle Lost DATE Month Year DECEASED Zachariah Windsor June 58 (Type or print) DEATH 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years 5. SEX 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. loub hdoy) Male Aug. 8,1888 Months White Dovs DIVORCED T WIDOWED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? Painter Retired Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harry W. windsor Sophia Catherine Cain 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address Yes or unknown) Mrs. Mary Julia Windsor Same as 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) While Not while of work of work p. m. 30. 1958, that I last saw the deceased 21. I certify that I attended the deceased from , and that death occurred at M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL James PHYSICIAN'S Damascus. NAME (Type) JULY 3, 1958 MONTEOMERY OF CREMATORY 220. BURIAL, CREMATION, 22b. DATE THEREOF Laggetts ville, Montgomery Chapel Maryland 23 FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Laytonsville DATERIN

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			THE COURSE OF STREET,
		~7	Crass (Spring Spring Sp

HEALTH DEP TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the artificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fune 1 director. Page 4 should permit the Chief Medical Examinars to Office along with form PM3. Page 5 may be retained for your files. TO FUNE MEDICAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, at removal, and in any event within 72 haurs after death.

VS. ATSME 5M 2/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **6738MEDICAL EXAMINER'S CERTIFICATE OF DEATH**

Reg. Dist. 46730

	PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Reside	pce before odmission)
)	aunal MARYLAN	10 O. STATE Muyland & SOUNTY	evenly
	b. CITY OR TOWN (It outside corporate limits, write EURAL and give nearest town)	c. CITY OR TOWN (If autije corporate limits, write RURAL and	give necrest town)
7	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) First Middle	ACHIDIVI DEATH June	Doy Your 5
	Female White WIDOWED DIVORCED		TYEAR IF UNDER 24 HRS. Days Hours Min.
1	10d. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IND during men of working life, even if refired) However Court home		ZEN OF WHAT COUNTRY?
1	13. FATHER'S NAME Welliown	14. MOTHER'S MAIDEN NAME WEEKNOUN	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 [Yes. no. of unknown] 17 17 17 17 17 17 17 1	Theorlore Zachidny - addron Cles	ia Med
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	occurion	INTERVAL BETWEEN ONSET AND DEATH There
	Conditions, if any, which by A.S.C.V.	Disens	eyener!
3	gave rise to immediate cause (a), stating the underlying cause last. (c)		
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
). (Enter nature of injury in Part & ar Part 18 of item 18.)	
		PLACE OF INJURY (Home, form, forth, foctory, street, affice bldg., etc.) (Cou	enty) (Slote)
	21. I certify that I took charge of the remains described o opinion death resulted from: Natural couses Acciden		1
	SIGNATURE RELIES J. Morsh	M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
2	EXAMINER'S TAMES T. MARSH	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	6/25/58
	220. BURIAL CREMATION 22 DATE THEREOF The. NAME OF CEMETERY REMOVAL (Specify) Lune Poly Milling	chester Dervel &	e) Mid
	Eder Stypton Hump	teal Whatelun 3 0 '58 Clerkene's sig	INATURE

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

6739

CERTIFICATE OF DEATH

06731

	0.00				Reg. Dist. No.
o. COUNTY	unoll	MARYLAND	Mary	level b. COUNTY	Eurol0
	/N (If outside carporate limits, write ve negrest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN II OU	lesburg	AL and give nearest town)
d. NAME OF HO	OSPITAL (If not in hospital frive street	address)	d. STREET ADDRESS	~ 1	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	HELEN	Middle -	ZEPP	4. DATE OF Month DEATH PURE	Day Year 2 1958
5. SEX	6. COLOR OF RACE 7. MAR	RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
during most of	ATION (Give kind of work done 10b working life, even if retired)	been hou	el med		12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	& Harrie	ou	14 MOTHER'S MAIDEN NO	2 1	been
15. WAS DECEASED (Yes no or unknown)	EVER IN U.S. ARMED FORCES?	SOCIAL SECURITY NO. 17.	etter & 3e	Shy Suya	enburg met
	DEATH [Enter only one couse per I	ine for (a), (b), and (c).]	1		INTERVAL BETWEEN
PART 1.	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Co	ronary Thromb	neie		5 min
400.	DUE TO	a orica y and only	0020		J-4966,44
Conditions,	if any, which) (b) Co	ronary Arteri	n Sclerosie		8 - 9 years
1 "	o immediate	TOTAL Y AL VOIL	DOLETONIS .		0 - 9 years
lying cause l	ing the under-				
_	OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVEN	V IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUT	WAS UNDERLYING 206. DESTING CAUSE OF DEATH TIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in Po	irt I or Part II af item 18.)	
20c. TIME OF IN Hour a. p.	m. While		PLACE OF INJURY (Home, farm, foctory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify	that I attended the decea	sed framJune	, 19.51, to Ju	ne 2 , 1958 ,	that I last saw the deceased
					d on the date stated above
-	10 0 D. L	1: (1)		DDRESS (Street, city or Jown, sto	
ACTUAL SIGNATURE	1.1.1701112	stull	M.D. Strany	my land in	1) 6-4-ja
PHYSICIAN'S NAME (Type)	M.C.Porterfield		Hamps	tead, Md.	6/4/58
220. BURIAL, CREMA REMOVAL (Spe	ATION, 226. DATE THEREOF	122c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (City, town, or Cleudly	county) (State)
23 FUNERAL DIRECT	TOR'S SIGNATURE 2	1 ADDRESS / To a	11 //1/ 11	BY REGISTRAR 246. REGISTR	RAR'S SIGNATURE

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	endered years	
	obishi yanca	
a Company		